STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7060 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 17 P c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12/N 70/4 3. NAME OF Middle DECEASED DEATH (Type or print) 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR last birthdey) and Months WIDOWED 1 12. CITIZEN OF WHAT COUNTRY! remove BIRTHPLACE (County & State, or foreign country) most of working life, even if retired) ROBERT ATKINSON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CONGESTIVE HEAR IMMEDIATE CAUSE (a) DUE TO HUPERTENSIVE CARDIOVASCL geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION SEPTALS KYOCARDIALS INFARCTION JUBACUTE-OR CONTRIBUTING 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED processat 21. I certify that (I) (this hospital) attended the deceased from MARCH. 3.19.6.1, and that death occurred at 1.4.2, from the causes and on the date stated above. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 23a, BURIAL, CREMATION, REMOVAL (Specify) 0.48 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S EUNERAL DIRECTOR VR A15 (4)

15M 9/60

DATE JUN 5

a. IS RESIDENCE ON A FARM? YES NO

19601 IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED?

(Stete)

22b. DATE

arthur S. Thans

SIGNED

24070 I PRIME GEORGES THE VANISH TO GEO. ELINTON - PLANERE CLONNICH SOUTHERN NO. THE TOTAL CENTIL ST. TOWNS KERTOLY 411/42 A TONE SON THE SERVICE H. SEKELPER STREETHER RELEASED NOTE - LESSE Remar ATRINGED LANGER STATE CARDNIE MENGESTINE TRANSPORTE TERES SERVICE STREET, SKAND STREET, ANTERCOTTONE EXPORMADING THE HER WAY TERREDICE PRINTERING WENE RENE Hallan Showerth. ERTHER TOWNERS TREENED AND THE ELECTION OF THE the state of the s English From House I delited from the form of the second s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7063 OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY the day Prince George MARYLAND Md. Prince George b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) .⊑ "... Cheverly hours after 12 days Hyattsville Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Prince George General 3516 Madison Place DATE Yeer AKA - Otto H. Graeser DECEASED OF (Type or print) 1961 IF UNDER 24 HRS. DEATH within Raesler June 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthday) Months WIDOWED X Male 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY foreign country) done during most of working life, even if retired) Jersey ? Retired Auditor Diamond Cab Co Pa or New 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME = Unknown Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Hyattsville, Md removal, (Yes, no, or unkown) | (If yes give wer or detes of service) 3516 Madison Place E. McConnell 18. CAUSE OF DEATH [Enter only one ceuse per INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny gave rise to immediate cause DUE TO (e), steting the underlying ceuse lest. the 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 0 NO A prior 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for After this etached for 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY 2Df. (City or town) (Stete) Month, Dey, Year (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: 3 should be det p.m. ......16.1...., and that death occured at 9.3.45%, AreMahe causes and on the date stated above. saw the deceased alive on June / 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Dr. John Kehoe 6300 Riverdale Road 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Prince George Co REMOVAL (Spedify Maryland Fort Lincoln 6-10-1961 Buria. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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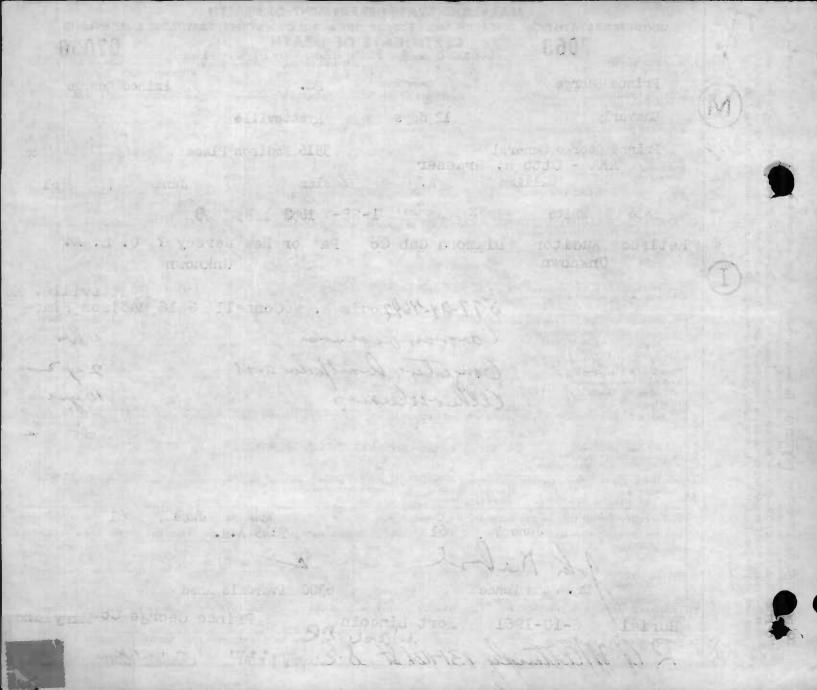
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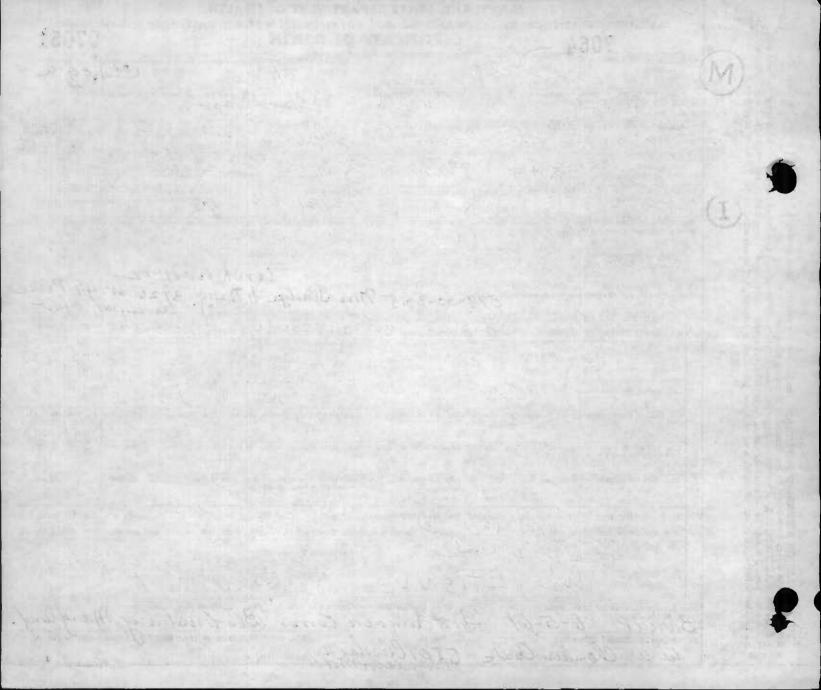
Φ

signed by

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residents before edmission) a. COUNTY b. COUNTY a. STATE by the and 2 death. MARYLAND b. GHY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) werdan filled in Pages 1 after e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS ON A FARM? YES NO o/etely papers. 3. NAME OF First 4. DATE Middle Month Dey DECEASED OF (Type or print) DEATH 19 within physician and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR 9 ast birthday) Months Days Min Hours WIDOWED A DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stete, or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL Sladys & Thrug (Yes, no, prunkown) | (If yes give wer or detes of service) physician. 1B. CAUSE OF DEATH [Enter only one cause peffine for (e), (b), end (c)/ INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IN AEDIATE CAUSE (e) the burial-transit DUE TO attending Conditions, if any, which has been {b} geve risa to immediate ceuse DUE TO (e), stating the underlying cause last. (c) PHYSICIAN: the hospital or a buri certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED' as 0 NO use prior 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this 3 should be detached for WEDICAL retained by 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 19 p.m. und 21. I certify that (I) (this hospital) attended the deceased from...... to.... , and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED STAFF PHYS. PHYS. DIRECTOR M.D. FUNERAL 22c. PHYSICIAN'S 22d\_ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF NAME. ZEMETERY OR CREMATORY LOCATION (City, town or county) EMOVAL (Spepit) 256. REGISTRAT'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 DATE '61



# FOR STATE

HEALTH DEPT.

TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deally is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

PLACE OF DEAT							0 0 0 0
	H			. USUAL RESIDENCE			sidence before edmissio
- A	ce George's	MI	ARYLAND	Distric	t of Columb	Pa.	1
	(if outside corporate limited give neerest town)	s, c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (IF	outsida corporate limits,	write RURAL end	give nearest town)
Prince Ge		D. E.		Washing	ton		TIX
d. NAME OF HOSP	ITAL OR INSTITUTION (i	f not in hospitel, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM
		eral Hospital			ring Road	N. W.	YES NO
NAME OF DECEASED	First	Midd		Last	OF _	_	Dey Year
(Type or print)	David			nme Jr	DEATH Jun		17 02
sex Male	6. COLOR OR RACE	7. MARRIED T NEVER MA	The state of the s	Pebruary21.1	929 ast birthe		EAR IF UNDER 24 HRS  Bys Hours Min.
a. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINES		11. BIRTHPLACE (State of		1 12 CITI7	EN OF WHAT COUNTR
Laborer w	orking life, even if retired	General	0 011 11 10 0 11 11	Knoxville.			S. A.
B. FATHER'S NAME			1	4. MOTHER'S MAIDEN			
Samuel	Bethane			Ellen Wash	ington		
WAS DECEASED ET	VER IN U.S. ARMED FOR	CES?   16. SOCIAL SECURI	TY NO.   17. IN	FORMANT	Ad	dress	
No, or unkown)	(If yas give war or detas of se	211-44-3906	Ma	rtha Ann Bet	hune, same	as # 2	
18. CAUSE OF	DEATH [Enter only one	cause ger lina for (e), (b), e	nd (c).]				INTERVAL BETWEEN
Conditions, if on	by, which	CORONAR	ATE	FROSCLER	osis Seur	ee	
Conditions, if an geve rise to immed (e), steting the cause last.	y, which (b)	CORONAR	y ATH	EROSCLER	usis, seus	26	
geve rise to immed (e), steting the cause last.	y, which diete cause underlying DUE TO (c)	CORONAR			,		PERFORMED?
geve rise to immed (e), steting the cause last.	y, which diete cause underlying DUE TO (c)_ ER SIGNIFICANT CONDITION  CAUSE WAS ONTRIBUTING   21		DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION		PERFORMED?
geve rise to immed (e), stelling the cause last.  PART II. OTHE  20a. EXTERNAL C PRIMARY OF C CAUSE OF DEATH  20c. TIME OF INJI Hour e.m.	y, which diete cause underlying DUE TO (c) ER SIGNIFICANT CONDITIONS ON TRIBUTING (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TIONS CONTRIBUTING TO D	DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION  I or Part II of item 18.)  20f. (City or town)		YES NO
geve rise to immed (e), steting the cause last.  PART II. OTHE  20a. EXTERNAL C PRIMARY  or Ct CAUSE OF DEATH  20c. TIME OF INJI Hour e.m. p.m.	y, which (b) diete cause underlying DUE TO (c) ER SIGNIFICANT CONDITION CAUSE WAS ONTRIBUTING (C) URY Month, Dey, Year 19	Db. DESCRIBE HOW INJURY  OF 20d. INJURY OCCURR  While Not While et work at work	OCCURED. (Ent	RELATED TO THE TERMIN or neture of injury In Port OF INJURY (Home, ferm, r, street, office bldg., etc.)	AL DISEASE CONDITION  I or Part II of item 1B.)  20f. (City or town)	GIVEN IN PART 1	YES NO
geve rise to immed (e), stelling the cause last.  PART II. OTHE  20a. EXTERNAL C PRIMARY ☐ or CI CAUSE OF DEATH 20c. TIME OF INJI Hour e.m. p.m.	y, which diete cause underlying DUE TO (c).  ER SIGNIFICANT CONDITION ONTRIBUTING (b).  LURY Month, Dey, Yes that I took charge of	Db. DESCRIBE HOW INJURY  20d. INJURY OCCURR While Not While et work at work	OCCURED. (Ent	or neture of injury in Pert  OF INJURY (Home, ferm, , street, office bidg., etc.)	AL DISEASE CONDITION  I or Part II of item 1B.)  20f. (City or town)	GIVEN IN PART 1 (Count	YES NO (Stefe)
geve rise to immed (e), stelling the cause last.  PART II. OTHE  20a. EXTERNAL C PRIMARY   or C CAUSE OF DEATH  20c. TIME OF INJI Hour e.m. p.m.  21. I certify t	y, which diete cause underlying DUE TO (c)_ ER SIGNIFICANT CONDITION  CAUSE WAS ONTRIBUTING   21  URY Month, Dey, Yes  that I took charge of	Db. DESCRIBE HOW INJURY  20d. INJURY OCCURR While Not While et work at work	OCCURED. (Ent	or neture of injury in Pert  OF INJURY (Home, ferm, , street, office bidg., etc.)	AL DISEASE CONDITION  I or Part II of item 1B.)  20f. (City or town)  Inspection	GIVEN IN PART 1 (Count	YES NO (Stele)
geve rise to immed (e), stelling the cause last.  PART II. OTHE  20e. EXTERNAL C PRIMARY Or C CAUSE OF DEATH  20c. TIME OF INJ Hour e.m. p.m.  21. I certify t	y, which diete cause underlying DUE TO (c).  ER SIGNIFICANT CONDITION ONTRIBUTING (b).  LURY Month, Dey, Yes that I took charge of	Db. DESCRIBE HOW INJURY  20d. INJURY OCCURR While Not While et work at work	OCCURED. (Ent	or neture of injury In Pert  OF INJURY (Home, ferm, r, street, office bldg., etc.)  an Autopsy	AL DISEASE CONDITION  I or Part II of item 1B.)  20f. (City or town)  Inspection X, In  , Undetermine	(Count quiry X),	YES NO (Stele)
geve rise to immed (e), stelling the cause last.  PART II. OTHE  20a. EXTERNAL C PRIMARY OF CAUSE OF DEATH 20c. TIME OF INJI Hour e.m. p.m. 21. I certify t death resulted	y, which (b) diete cause underlying DUE TO (c) ER SIGNIFICANT CONDITION ON TRIBUTING (C) 19 that I took charge of from: Natural cause (b) Natural cause (c)	Db. DESCRIBE HOW INJURY  Ob. DESCRIBE HOW INJURY  Or   20d. INJURY OCCURR  While   Not While   et work   at work    of the remains describe  uses   Accident	OCCURED. (Ent	OF INJURY (Home, ferm, street, office bldg., etc.)  an Autopsy  CHIEF MEDICAL E	AL DISEASE CONDITION  I or Part II of item 1B.)  20f. (City or town)  Inspection , In  , Undetermine  XAMINER    CAL EXAMINER	GIVEN IN PART 1 (Count	YES NO (Stete)
geve rise to immed (e), steting the cause last.  PART II. OTHE  20a. EXTERNAL C PRIMARY or or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. 21. I certify t death resulted  ACTUAL SIGNATURE  EXAMINED S NAME (Type)	y, which diete cause underlying DUE TO (c) ER SIGNIFICANT CONDITION ON TRIBUTING (c) 19 that I took charge of from: Natural cause I. Bo	Db. DESCRIBE HOW INJURY  Ob. DESCRIBE HOW INJURY  Or 20d. INJURY OCCURR  While Not While et work at work  If the remains describe  uses Accident  Vd M. D.	OCCURED. (Ent.)  OCCURED. (Ent.)  EED 20e. PLACE fectors  d above, held  Suicide	OF INJURY (Home, ferm, street, office bldg., etc.)  an Autopsy  Homicide CHIEF MEDICAL E  M.D. ASSISTANT MEDI  DEPUTY MEDICAL  Address (Street, c	AL DISEASE CONDITION  I or Part II of item 1B.)  20f. (City or town)  Inspection , In  , Undetermine  XAMINER    EXAMINER    EXAMINER    EXAMINER    ity, town, or county)	(Count quiry X). d manner (	y) (Stele)  and in my opinior  DATE SIGNED
geve rise to immed (e), steting the cause last.  PART II. OTHE  20a. EXTERNAL C PRIMARY or or C CAUSE OF DEATH 20c. TIME OF INJ Hour e.m. p.m. 21. I certify t death resulted  ACTUAL SIGNATURE  EXAMINES:	which (b) diete cause underlying DUE TO (c) ER SIGNIFICANT CONDITION ON TRIBUTING DIETE CONTRIBUTING DIETE CONTRIBUTION DIETE C	Db. DESCRIBE HOW INJURY  Ob. DESCRIBE HOW INJURY  Or 20d. INJURY OCCURR  While Not While et work at work  If the remains describe  uses Accident  Vd M. D.	OCCURED. (Enternational Control of Control o	OF INJURY (Home, ferm, street, office bldg., etc.)  an Autopsy  CHIEF MEDICAL E  M.D. ASSISTANT MEDI  DEPUTY MEDICAL  Address (Street, c	AL DISEASE CONDITION  I or Part II of item 1B.)  20f. (City or town)  Inspection , In  , Undetermine  XAMINER   CAL EXAMINER   EXAMINER   EXAMINER	(Count quiry X). d manner (	YES NO (Stete)

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February 1,1929

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 07053

-1-				0 0 0 0 0
1	1. PLACE OF DEATH a. COUNTY		ENCE (Whara daceasad livad, If instituti	on: Rasidanca before admission)
	Prince Georges MARYLAND	a. STATE	D. C.	
	b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOW	/N (If outside corporata limits, write RURA	L and giva naarast town)
1	write RURAL and give nearest town) 6 months & 20			THY 2
	Glenn Dale (rural) days	d. STREET ADDR	Washington	e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street addrass)	d. SIKEEL ADDK		ON A FARM?
	Glenn Dale Hospital		3248 N. St., N.W.	YES NO
	3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
1	(Type or print) Mary Belle Bo	oston	DEATH 6	18 19 61
ŀ		DATE OF BIRTH	9. AGE (In years   IF UNI	
1		7/1/17	last birthday) Month	hs Days Hours Min.
-	Female   White   WIDOWED   DIVORCED     10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	7/6/75	85 yrs.	CITIZENI OF WHAT COUNTRY
1	dona during most of working lifa, even if relirad)	II. BIKIMPLACE (C	County & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?
ı	Retired Government worker	Va.		USA
	13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	
ı	Charles B. Boston	Fligshe	eth Garrett	
ł	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I		Address	
ł	(Yes, no, or unkown) (Ifyasgivawarordatesofsarvica)			
		ecedent		
l	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculos	sis. far ac	dvanced	7 months
ı	DUE TO			
ı	Condition of the Land			
ı	gave risa to immadiata causa			
ı	(a), stating the underlying DUE TO			
ı	cause last. (c)			
l	Pulmonary fibrosis and emphysema; gener	related to the te	RMINAL DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED?
ı	arteriosclerotic cardiovascular disease			
ı	🖺 20a. ACCIDENT WAS UNDERLYING 🔲   20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury	y In Part I or Part II of item 18.)	61
ı	OR CONTRIBUTING □ CAUSE OF DEATH     (IF EITHER, NOTIFY MEDICAL EXAMINER)		7/	
1		CE OF INJURY (Home,	farm, ! 2Df. (City or town)	(County) (Stata)
ı		ory, street, office bldg.		(County) (Sidila)
ı	p.m. 19 at work at work			
l	21. I certify that (I) (this hospital) attended the deceased from	11/29/	1960, to 6/18	1907., that (I) (we) last
ı	saw the deceased alive on6/18/	death occured a	to M. from the causes and o	on the date stated above.
ı	and a second second	dodni oceano		22b. DATE
۱	228. SIGNATURE Was	ATTENDING	MED. STAFF	SIGNED
١	m m	.D. PHYS.	DIRECTOR PHYS.	6/18/61
ı	22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D.	22d. ADDRESS	Glenn Dale Hospit	cal
۱	Hoe Werss, M. D.		Glenn Dale, Md.	
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or c	ounty) (Stata)
F	burial 6/21/6/ Cedar Hill	Cemeterv	Pr.Geo.Co. N	Maryland
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a.	REC'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
	71. 84 St. 20- Fa 2001-14H			1 S. Kinus
	one property con x 101-17-11	MY // IC DATE		

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be within 24 hours age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

within 24 hours

Thomas of a Dines Manager Continues to the service of THE SECRET OF THE PROPERTY OF The state of the s COUNTY THE PERSON noted and open in the fourth of Lampe grade, Name and L Coder Fill Core ary Pr. Geo. Co. . Heryland ないからこことは、大きには、これをはいいというというと

7067 CERTIFICATE OF DEATH Reg. Dist. No. with directal I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY be filed Maryland b. Prince George's GEVR663 MARYLAND INCE funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPAL and give nearest town) should District Heights, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 25% 7805 Atwood Street YES NO NAME OF 4. DATE First Middle Month Yeor (Type or print) 19 6 6. COLOR OR RACE 9. AGE (In years los) birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED PT B. DATE OF BIRTH Months Days WIDOWED [ DIVORCED [ on papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) USH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gwendolyn Joseph Boswell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT SAME AS # 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Caunty) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while of work at work 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred at 2 ENS M, fram the causes and an the date stated above. ADDRESS (Street, city or town, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 22c. NAME OF GEMETERY OR CREMATORY. 22d. LOCATION (City, town for county) (Stote) REMOVAL (Specify 23. EUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUN 2 3 '61 Orthur S. Kenes

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Date of the control o	L'appoint authorité	bus reful	
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Tion got the property of the p		QWESTS.	
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			Child I was a series

#### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed livad, If institution: Residence before admission) a. COUNTY b. COUNTY Page is necessary, Delaware New Castle files. Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e funeral director. write RURAL and give nearest town) 0 for your Bellfonte Cheverly Dead on arrival d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 710 Euclid Avenue State 4. DATE Day Month DECEASED OF June DEATH with the (Type or print) ALBERT HENRY AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) 2, and 3 5 may nd 2 wit Months WIDOWED DIVORCED May 21. Male 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work d "pending" in pencil in Item 18. Give Pages 1, 2 Examiner's Office along with form PM3. Page e used as a burial-transit permit. File pages 1 and ation, or removal, and in any event within 72. done during most of working life, even if retired) Truck Driver Delaware Horse Transportation 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pearl Justus Frank Bowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Address (Yes, no, or unkown) | (If yes give wer or detes of service) Same as #2 Doris G. Bowers certificate should be executed 18. CAUSE OF DEATH [Entar only ona cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (e) perineum DUE TO Crushed chest, large lacerations of memoreum multiple gave rise to Immediate cause DUE TO lacerations and abraisions (a), steting the undarlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY asse execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) over on him CAUSE OF DEATH. Driver of a truck that collided with another car and turned 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) fectory, street, office bldg., etc.) While Not While at work at work Landover Road 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x, Inquiry x and in my opinion Accident -Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE PUTY DEPUTY MEDICAL EXAMINER June 8th., 1961 EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION. REMOVAL (Specify) 40 Burial 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A1SME DATE JUN 1 2 '61 Cirilian S. France

LAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM? YES NO

Year

19 61

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stata)

YES NO P

DATE SIGNED

(State)

IF UNDER 24 HRS.

Friend Scotter adverse a ferror of the contract of the contrac Tringe west billow of the first that the second frames of the free second Tange to the same of the same 1 180 21, 1926 35 E MUNICIPAL PROPERTY Se sa sivil conect , Darie L Boris C, Royann Levis na MC Consider the second of the second second of the second of the second of the second sec the tro water and be the beauty of the and a grant of TO I . SUB MET A.M. A.M. E. Bank A SHELL OF SECTION OF THE SECTION OF THE SECTION OF MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	7069 CER	TIFICATE	OF DEATH		07056
	PLACE OF DEATH a. COUNTY	2			titution: Residenca befora admission)
1	Prince Georges	MARYLAND	a. STATE Mary	and b. COUNTY	fontgomery
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH	OF STAY IN 16		f outsida corporate limits, write R	
	write RURAL and give neerest town)  Cheverly 1 d	av	Silver	Springs	15 15-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str		d. STREET ADDRESS		e. IS RESIDENCE
-	Prince Georges General Hospit	al	10713	Woodsdale Driv	ON A FARM? YES NO X
		Aiddle	Last	4. DATE Month	Day Year
	(Type or print) Newell	Вом	man	DEATH June	6 19 61
	SEX 6. COLOR OR RACE 7. MARRIED NEVER		ATE OF BIRTH	iani 9. AGE (In years IF	UNDER 1 YEAR   IF UNDER 24 HRS.
	Male White WIDOWED [	DIVORCED	20 Mar.	190/ last birthday) M	2 16 Hours Min.
	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUS!	NESS OR INDUSTRY		ty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	ech. EngRetired Bu. Ships	-U. S. Gov	Colorad	0	USA
3.	EATHER'S NAME		. MOTHER'S MAIDEN		
	John Bowman		Helen Ros	SS	
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SEC	URITY NO. 17. IN	ORMANT	Address	
0	No None	Pat	ty M. Bow	man-wife-Same	Item #2
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)				INTERVAL BETWEEN ONSET AND DEATH
ì	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TNTES TI	NAL OF	STRUCT	102	36 445
9	5 7 DUE TO				
ı	Conditions, if any, which 7 (b) Peniton	UITIS			48 645
ı	gava rise to immediate cause (a), stating tha underlying DUE TO	1		e /	2/
ı	cause last. (c) Ruptune &	, diventi	eulum	Sigmoid	BLAYS
;	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT	ELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CALICA	Emphysemm	OF LUA	95		YES MO
CEKIIFI	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH	INJURY OCCURED. (E	nter natura of injury in	Part I or Part II of itam 18.)	
- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC		OF INJURY (Home, farm, street, office bldg., atc.		(County) (Stata)
I	Hour a.m. Whila Not Who et work at wo		,,		
	21. I certify that (I) (this hospital), attended the d	eceased from	lune,	1953 to 6/6	, 19.61, that (I) (we) las
	saw the deceased alive on	and that d	eath occured all.	OMPNfom the causes an	d on the date stated above
H	228. SIGNATURE		ATTENDING . A	AFP STAFF	22b. DATE
	M DTI Fineau	M.D.		RECTOR PHYS.	4/7/61
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	763	
	Dr. N. Comeau. M.D.		Mt	Rainier., Md	
38		E OF CEMETERY OR		23d. LOCATION (City, town	or county) (Stata)
E	Surial (Specify) 6/19/1961 Par	klawn Cer	netery	Rockville	Maryland
24		RESS	2Sa. REC	D BY REGISTRAR 256. REGIS	
	Robert H. Franchis J.B.E.	Bethesda.	Md. DATE	אטנ 8 אטנ (	arthur S. Trans

funeral physician and completely filled in by the remove carbon papers. Pages 1 and 2 any event, within 72 hours after death. DESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be death problems of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the state Dept. SP VR A15 (4) 1SM 9/60

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within 24 hours

Technol Carried there were a T. Tall U. Bu, Shins-U. S. Goyt Colorado na. Ob Helon Ross namyos mos. None Patty M. Bowman-wife-same Itam #2 Traffer 175 Fingeriage of margare FRED. II BOOK BOOK STORY STORY by a combine the elelelelele 8/10/1981 Parkiswa Comptony Rockville Maryland west if remarkant is Betresda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7071 CERTIFICATE OF DEATH

	1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)  e. STATE  b. COUNTY				
1						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1	Mary Tallu 11 Tito Godiegs				
	Cheverly 27 days	College Park				
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS    e. IS RESIDENCE ON A FARM?				
	Prince Georges General	8111 51st. Ave.				
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF				
	(Type or print) Rosa M.	Brooks DEATH 6- 19 61				
61	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.				
٦	F COT WIDOWED DIVORCED	lest birthdey) Months Days Hours Min.				
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
	Housewife none	Louisa County, Virginia U.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1	unknown	uhknown				
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	. INFORMANT Address				
	No none G	eorge Brooks -son 8105 51st Avenue				
П	18. CAUSE OF DEATH [Enter only one cause per lime for (e), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH				
	PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	deve				
	420.0 DUE TO A +	1 + ALX				
	Conditions, if any, which (b) Ullrea	selerote tot Dis.				
	geve rise to immediate cause (a), stating the underlying  DUE TO					
	cause lest. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO				
-	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Pert I or Pert II of item 18.)				
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)				
2	21. I certify that (I) (this hospital) attended the deceased from	m. May 9, 19.61 to June 4, 19.61, that (I) (we) last				
	saw the deceased alive onJune 4	nat death occured late. 30 pM from the causes and on the date stated above.				
	226. SIGNATURE W. Horzberg	ATTENDING MED. STAFF SIGNED  M.D. PHYS. DIRECTOR PHYS.				
	22c. PHYSICIAN'S	22d. ADDRESS				
	NAME (Type) Dr. Max M. Herzberg	7016 Greig Street, Seat Pleasant, Md.				
	230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 6 9 -61 LINCOLN	MEMORIAL SUITLAND, MARYLAND				
	24 FUNERAL DIRECTOR'S SUSHABURE  414-15+h	St., S.E. DATE JUN 6 '61 Criting & France				

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE OF DEATH a. COUNTY	naa Gaangas	Con	MARY		USUAL RESIDENCE	E (Where decease	ed lived. If institution b. COUNTY	n: Residence b		
		nce Georges  fautside carparate limitarest tawn)		c. LENGTH OF STAY	IN 1b			orate limits, write RU			
		verly		21 days	0	O Hyatts	sville				
	OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRE	ss Diver S	treat		ON	SIDENCE A FARM?
				-		1				1	
	NAME OF DECEASED (Type ar print)	Wade	st	Middle W.		Brooks	4. DATE OF DEATH	6/30	h	Day	1961
s.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YE	_	_
	Male	White	WIDOWE	DIVORCE		4-14-06		55 yrs.	Manths Day	s Haurs	Min.
	. USUAL OCCUPATIO	ing life, even if retired)		KIND OF BUSINESS O	R INDUSTRY		State or foreign		12. CITIZEN	OF WHAT	COUNTRY
-	FATHER'S NAME	0.02011			11	4. MOTHER'S MAID					
	John Bro	oks					eth Gla	ss			
				SOCIAL SECURITY NO.	. 17. INFO	RMANT		Addr	ess	1 3 1	
(16		If yes, give war or dates of so				lie Mae I	Brooks	Hyattsvi	lle, M	ld.	
			use per,lir	ne far (a), (b), and (c).						NTERVAL B	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a		55 / l	n	rai-					
	585 V	DUE TO	1	$\sim 1$	10	1	1				
	Conditions, if ar	ny, which ) (b	k	Sile	10	nter	whis				
	gave rise to in	nmediate (		0 15			1	1-1.			
	lying cause last.	(c)		deule	•	Who	lery	·	7		
ATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE T	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a	PERF	ORMED?
IFIC,	20g ACCIDENT WA	S LINDERLYING TI	20h DESC	CRIBE HOW INJURY OF	CCLIPPED (	nter nature of injur	ry in Part I or Pa	rt II of item 18.)		163 6	] 140 [
MEDICAL CERTIFICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	ERIBE HOW INJOKE OF	CCORRED. (	iner natore at injur	y in run run ru	ir ir di vieni ro.,			
CAI		Y Manth, Day, Yes		NJURY OCCURRED	20e. PLACE	OF INJURY (Hame,	farm, 20f. (Cit	y ar tawn)	(Caun	ty)	(State
MED	Haur a.m.	19	While at war	Nat while	ractory	r, street, affice bldg	., erc.)				
-		A /// /Abia baanian/			6		. 19 to		10	Ab - A (1)	(
			) arrend	led the deceased						1 /	,
	saw the deceas	ed olive on		19, ond	that dea	th accurred at	DaMa from	the causes on	d on the do		d above
	Ham	1 1 chus	de	Sharl	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	June	30,	1965
	22c. PHYSICIAN'S NAME (Type)			)		22d. ADDRESS					
	THE (Type)	Saul Sch	wart	back		Washing	gton D	C			
23	BURIAL, PREMATIO REMOVAL TSPECTY	N. 23b. DATE THERE	)F	23c. NAME OF CEME	LOZ-	REMATORY	23d. LOCA	ATION (City town, c	or county)	(Sto	ate)
24.	FUNERAL DIRECTOR	SIGNATURE Sons	Th	falleril	le	711	REC'D BY REGIS		TRAR'S SIGNA	,	

Hed in by the funeral director, as I and 2 should be filed with haurs after death. Page 4 page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death. my recoined by the haspital ar attending physician.

TO POWERAL DIRECTOR: After this certificate has been signed by the attending physician and completely PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

VR A1S (4) 1SM 9/S9

201 CERTIFICATION SEASON STATES Politic Colors The good the THE PARTY OF THE STATE OF THE S THREE COT SMILL

A PASTILLAL of the may be retained by the hospital or attending physician.

C. CINERAL DIRECTOR: After this certificate has been signed by the attending physician and consistely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, after death. within 24 hours after The law requires that the death certificate be SPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	sidanca bafore admission
	Prince George c. cft or 10 Wn (it outside corporate limits, write RURAL and give nearest town)  Cheverly	Maryland Prince George RAL and Se Bladensburg, Md.	giva naarast town)
d	Cheverly  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strael address)  Prince George General Hospital	d. Street address 5208 Upshur St.	e. IS RESIDENC ON A FARM YES NO
D	NAME OF PIECEASED THOMAS W. 13	YGATE 4. DATE Month OF DEATH JUNE	Day Year 10, 1961
5. S	MIDOWED DIVORCED	JUNE 9, 1909 9. AGE (In years If UNDER 1 YI Months Da	EAR IF UNDER 24 HRS Hours Min.
ite	usual occupation (Give kind of work aduring most of working life, even if refired) ernational Co Operative U S Government		EN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Samuel R Bygate	Faye Smith	
	WAS DECEASED EVER IN U.S. ARMED FORCES? Ino, or unkown) (Ifyasgivewarordatasofservice)  NO  16. SOCIAL SECURITY NO. 17. 3	INFORMANT Sephine Bygate Bladensburg, M	d.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Coron Ary  The part is defined by the coron are provided by the coron ar	HROMIBOSIS	ONSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPS PERFORMED? YES NO
RTIFI	2Da. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of itam 18.)	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2Da. PLA	ACE OF INJURY (Homa, farm, 20f. (City or lown) (Countiory, street, office bldg., atc.)	y) (State)
	Hour a.m. While Not Whila faci	lory, Sireer, Office bidgs, arc.)	,, (516.6)
MEDICAL	p.m. 19 at work at work 21   certify that (I) (this hospital) attended the deceased from	MAX 1957 to TUNE 10 196	. that (I) (ve) I
MEDICAL	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on JUNE 19.6.1, and that 22e. SIGNATURE	t death occured at	Le date stated abo
WEDICAL MEDICAL	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on JUNE 19.61, and that 22a. SIGNATURE	death occured at	color Md.  (State)

Thing ideal as a series . A .other bed Soft Vermin us. Customer prince oppose anda. THOMAS THOMAS STANDARD TO STAN Fire Port Panet appearancioned Co Cheragaye C a movernment Ohio 1 m 5 11 Josephine Livette Madenmont, 161, Cardunally Threshold STORE THOUSE Will be with the same of the s of the design of the second of the second The validate of Respond Live Faul West wite, describe on the dame is, little thinger a coccery colour court, survious, . daech's -one dystroylite, no. R'spend .

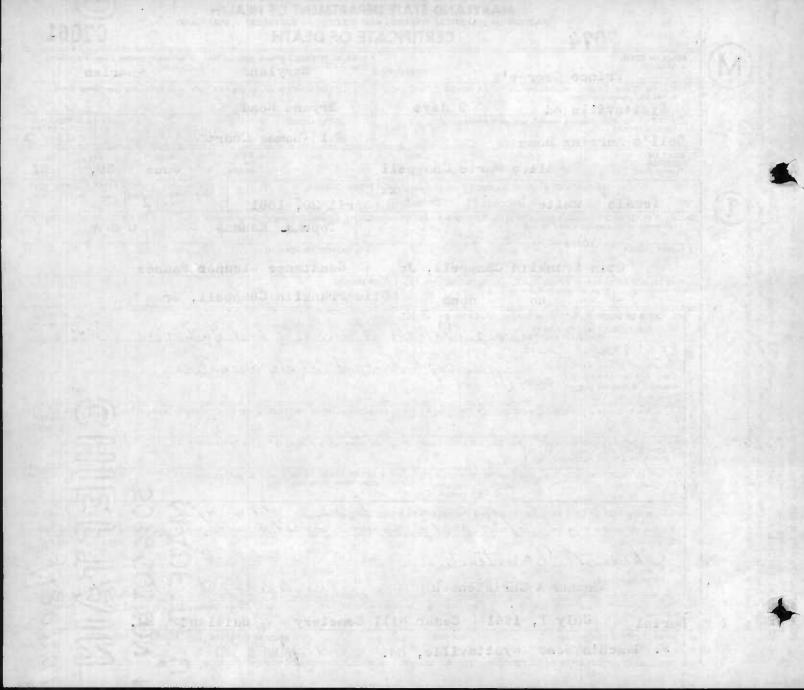
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

07061

7874 CERTIFICA	TE OF DEATH
1. PLACE OF DEATH o. COUNTY  Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Charles
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
RURAL and give nearest town) Hyattsville Md 9 days	Bryans Road O & X -1
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Bell's Nursing Home	# 1 Thomas Court ON A FARM? YES NO NO
3. NAME OF First Middle	Last 4. DATE Manth Day Yeor
OECEASED (Type or print)  Alice Marie Chappell	OF DEATH June 30, 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED □ DIVORCED □	April 20, 1961   lost birthdoy)   Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDUS during mast af warking life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Otis Franklin Chappell, Jr	Constance Eleanor Faunce
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
(Yes. no, or unknown) (If yes, give war or dates of service)	tis Franklin Chappell, Jr
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Con Rejurta & Rear	et deseuse à acute facture birthe or
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.  Conditions, if any, which gove rise to immediate cause (b), stating the under-lying cause last.  Conditions, if any, which gove to be a supplied to	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(g) 19. WAS AUTOPSY
ICATIC	PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while for work of work	ACE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (State)
21. I certify that (I) (this haspital) attended the deceased fram	6/22 1961, ta 6/30 1961, that (1) (we) last
saw the deceased alive an 6/30 196/, and that d	death accurred a 2 P.M. fram the causes and an the date stated above.
220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED S
NAME (Type) Thomas A Christensen	Callege Park Many Land
23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	
Burial July 1, 1961 Cedar Hill	Cemetery Suitland Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE JUL 3 '61 arthur S. Kraup



# 7075

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

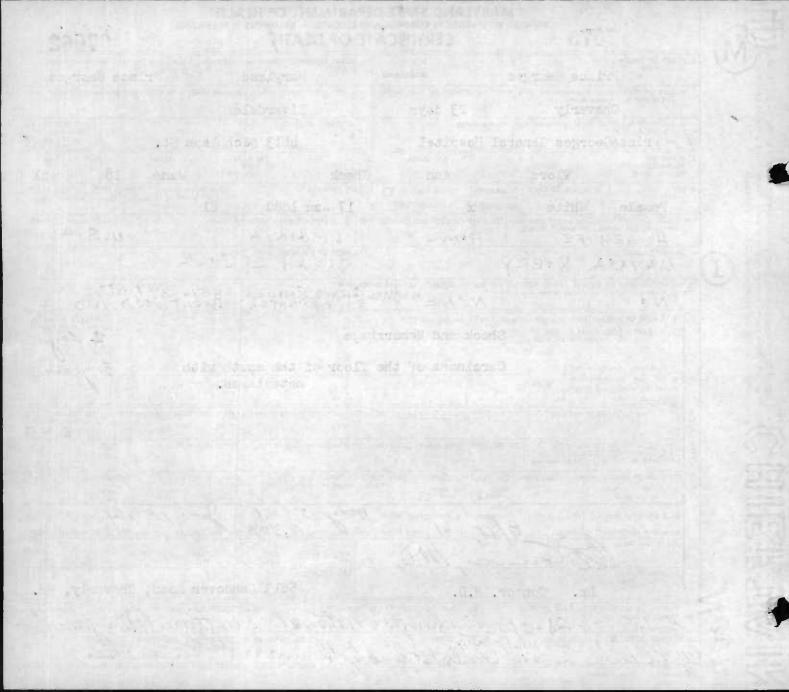
07000

	ē.	UEU	CERTIFI	CATE OF D	EAIN		07002
	1. PLACE OF DEATH a. COUNTY	rince George	B MARYLA	n STATE	DENCE (Where deceased Maryland	d lived. If institution b. COUNTYP	rince Georges
	RURAL and give no	f autside carporate limits, searest tawn)  neverly	write c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If outside corpo		RAL and give nearest tawn)
7	d. NAME OF HOSPIT	AL (If not in haspital, give Georges General	street address)	d. STREET A	ADDRESS	nolson St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First Flora	Middle Ann	Cheek		Manth June	-0 /-
-	S. SEX		MARRIED NEVER MARRIED				IF UNDER 1 YEAR IF UNDER 24 HR
	Female		IDOWED DIVORCED		n 1880		Manths Days Haurs Min.
	during most of war	king life, even if retired)	HOME		ACE (State or foreign of	auntry)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME		Υ	SAR	MAIDEN NAME	COLE	
		R IN U. S. ARMED FORCES (If yes, give wor or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT	_	4516 37 BRENTLU	TH ST MA
	143 X	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (a), (b), and (c).] Shock and Hemo Carcinoma of		f the wouth	o zri+h	INTERVAL BETWEEN ONSET AND DEATH 2 days
	Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate (	Oal Clinoma OI	me ilooi o	metastases		Jeans
	PART II. OTH		IONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVE	IN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
-	(IF EITHER, NOTIFY	AS UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature o	of injury in Part I ar Par	rt II af item 1B.)	
	YOUR Hour a.m.		20d. INJURY OCCURRED While Nat while at wark at wark	De. PLACE OF INJURY ( factory, street, affic		y ar tawn)	(Caunty) (State
	21. I certify the		ottended the deceosed fr		196/, to_d a2, 304Mfrom		f on the dote stated obove
	22a. SIGNATURE	(on	vor MD.	M.D. ATTENDIN		STAFF	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	Dr. Conne	or. M.D.	22d. ADDR		dover Road	d, Cheverly, Md.
	23a. BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEMET	ery or crematory	nal Su	TION (City town, ar	(Maryland
100	Well Chem	S SIGNATURE PARTE	The Cappress Clerical State	include Md	250. REC'D BY REGIS		TRAR'S SIGNATURE

the attending physician and campletely thred in by the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with TO FCAVERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely threed page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to buriol, cremation, ar remaval, and in ony event, within 72 haurs after death. VR A1S (4) 15M 9/S9

YTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

haurs after death. Poge 4



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0	my	0	0	-
1	1	11	h	3

7076	CERTIFICA	TE OF DEATH			U	000	)
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	, ь	COUNTY .			on)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	Mark Company		nce Gec		
RURAL and give neorest town)		33		ilis, wille KOF	AL ONG GIVE HE	diesi iowiij	
d. NAME OF HOSPITAL (If not in hospitol, give street	16 hrs	d. STREET ADDRESS	er Hills			e. IS RESII	DENICE
OR INSTITUTION  Prince Georges Gener		J1203	71st Av	· e •		ON A	FARM?
3. NAME OF First	Middle	Last	4. DATE	Manth	D	ay Y	eor
(Type or print) Jacquel	ine	Churchill	OF DEATH	Jur	10	12 1	9 61
S. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9. AGE	(In years	F UNDER 1 YEA		
			lost		Months Days	Hours	Min.
Female White WIDOWS		13 June 196		715.	12. CITIZEN C	16	OLINITRY
during mast of warking life, even if retired)	KIIAD OL BOSIIAESS OK IIADO	SIKI III. GIKITII DACE (SIGIE	or loreign country)		12. CITIZEIV	· WIIAIC	SOIVIKII
None		Marylan			U.S.		7.15
3. FATHER'S NAME		14. MOTHER'S MĂIDEN N	NAME				
Jack Gibson Churchi	ll Jr.	Mary J	ane Conw	av			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	FORMANT		Addres	\$\$		
(if yas, give war or across or revice)							
18. CAUSE OF DEATH   Enter only one couse per lin	ne for (a), (b), and (c) A	1			IN	ERVAL BET	TWEEN
PART I. DEATH WAS CAUSED 8Y:		for .			ON	SET AND	DEATH
IMMEDIATE CAUSE (o)	04000	1 4517					
162.5 DUE TO	10	1					
Conditions, if any, which ) (b)	rem	aller 14					
gove rise to immediate cause (a), stating the under-							
lying cause lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CAUSE OF DEATH OF CHILDREN NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONE	DITION GIVE	N IN PART 1(a)	19. WAS A PERFOR YES	RMED?
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of it	tem 18.)			
20c. TIME OF INJURY Month, Doy, Year 20d. It	f.	ACE OF INJURY (Home, form story, street, office bldg., etc.	, 20f. (City or tow	n)	(Caunty	)	(State)
20c. TIME OF INJURY Month, Doy, Year 20d. It Hour a.m. 19 While p. m. 19	Not while	clory, street, office blug., etc.	.1				
		10			10 4	h 412 t	- N 1 .
21. I certify that (I) (this haspital) attend							
saw the deceased alive an	IY, and that c	leath accurred atta0	White com the co	auses and	an the dat		DATE
220 SIGNATURE		ATTENDING M	ED STA	FF S. []		220	SIGNED
sunder stade	Lage		RECTOR PHY	S. 🗌	6	- 15	-6
22E. PHYSICIAN'S NAME (Type)		22d. ADDRESS					- 1
Dr.G.Hageage M	.D.	Mt. Ra	inier., M	d			er where where where where where
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (C	City, town, or	county)	(State	:)
Burial (Specify) June 15, 196	1 Mt Olivet	Cemetery	Washing	ton D	C		
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'	D BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATI		
	sville, Md.	DATE	N 1 9 '61		inno S. The		
		DATE					

VR A1S (4) 1SM 9/59

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VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
07064

1	1. PLACE OF DEATH	2. USUAL RESIDEN	CE (Whara daceasad livad, If institution: R	Rasidanca bafora admission)				
	a. COUNTY Prince Georges MARYLAND	a. STATE	D. C. b. COUNTY					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (	If outsida corporata limits, write RURAL and	d giva naarast town)				
	Glenn Dale (rural) 5 days		Washington	47X-				
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	Apt	#1 a. IS RESIDENCE				
	Glenn Dale Hospital		1111 Penn St., N.E.	"				
	3. NAME OF First Middle	Last	4. DATE Month	pay Year				
и	(Type or print) John Lee	Coleman	OF DEATH 6	12 19 61				
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR   IF UNDER 24 HRS.				
	Male Negro widowed Divorced X	3/5/21	last birthday) Months	Days Hours Min.				
)	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Cour	nty & State, or foraign country) 12. CIT	IZEN OF WHAT COUNTRY?				
	Counter clerk Marks Growery	Washington	n. D. C.	USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN						
	John Coleman	Daisy Daws	son					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, no, or unkown) (Ifyasgivawarordatesofsarvica)	NFORMANT	Address					
		Decedent						
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	,00000110		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: Postoperative deat	h, left pneu	monectomy and	ONSET AND DEATH				
	DUE TO right lobar pneu	monia		Operation				
	Conditions, if any, which (b)	0/0/01						
	gava risa to immediata causa							
	(a), stating the underlying cause last.							
ä		1(a) 19. WAS AUTOPSY PERFORMED?						
Н	Pulmonary tuberculosis, active 21 yrs. 8 mo.; possible myocardial							
19	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Pulmonary tuberculosis, active 21 yrs.  infarction  20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  III EITHER, NOTIFY MEDICAL EXAMINER	(Enter natura of Injury in	Part I or Part II of itam 18.)					
1								
Ĕ.	O and	CE OF INJURY (Homa, farm		nty) (Stata)				
	Hour a.m.  p.m.  19 While Not While at work at work							
	21. I certify that (I) (this hospital) attended the deceased from	11/7/	1260, to 6/12/ 19.	.61 that (I) (we) last				
H	saw the deceased alive on 6/12/ 19.61, and that	death occured atp	M, from the causes and on t	he date stated above.				
M	22a. SIGNATURE	ATTENDING	MED. STAFF	22b. DATE				
1	wife very	BUIVE T	DIRECTOR PHYS.	6/12/61				
1	22c. PHYSICIAN'S NAME (Type) Moe Weiss. M. D.	22d. ADDRESS G	lenn Dale Hospital					
	NAME (Type) Moe Welss, M. D.		Lenn Dale, Md.					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY	23d. LOCATION (City, town or county	(Stata)				
	BURIAL 10-16)-01 HAKINGION	1 77 -	CID BY DECISION OF AUGUST	SIGNIATURE				
	24 FUNERAT DIRECTOR'S SIRVINIURE ADDRESS 414 15	T = 0.0.	C'D BY REGISTRAR 25b. REGISTRAR'S	- 11				
17	wed on all !	J. C. DATE	JUN 16'61   Chithun	S. Thousa				

Strategic Charles 17 The State - Intel in vacconcume that they be supplied BLYCU'S TO O VI I Alegan thorrows of two 1 yrs. 8 mo.; pussions appeared at interestion EVENTAL ESTET 61 ARKING FOR HAT LA FT MYER MILE MARINE MONERATOR TO TOTAL PROPERTY OF

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN if outside corporete limits, write RURAL and give pearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 writa RURAL and give nearest town) .5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO etely NAME OF Year DECEASED (Type or pfint) DEATH 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Computer operator - Statistici 13. FATHER'S NAME please .5 attending and hen removal, (Yes, no, or unkown) the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY certificate PERFORMED? hospita NO F use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour e.m. et work et work 19 DIRECTOR: to une 9 , 1961, that 19 (we) last .19.6.1..., and that death occured at 4.55M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D.  $\boldsymbol{a}$ 22c. PHYSICIAN 22d. ADDRESS NAME (Typ Captain USAF 23a. BURIAL, CREMATION, | 23b. DATE THEREO REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEJUN 1 3 '61 15M 9/60 inclow

the days Obstington MSAF Hospital Andrews 1910 STaylor St. x (Colonary Thomas I Coloman June 9 181 M Com Com Total 1917 44 The Second Compite sollo sollater DAD Brater Has USA D Bales J. Coleman - Elien C. O Banger agence - MEN CHO - CE THE SHEET SEE & Contemporary was Ver Agreement all let a vertica Coconany artury Visions Property Mellitus and the portragen a 12 9 and Bap as just to B P weeks The first opening the part of the part of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before edmission) e. COUNTY Page Health, is necessary director, Pag Prince George's MONTGOMER MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporata limits, write RURAL and give naerest town) write RURAL end giva nearest town) Dead on Cheverly ERWOOD arrival d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Boar Por funeral Prince George's General refained State 3. NAME OF Middle Last 4. DATE Month Day DECEASED with the (Typa or print) DEATH Peter Harmon June 6th. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 3 2 with age 5 may 1 and 2 wit 72 hours a last birthday) and Months Doys Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country 18. Give Pages 1, 2, form PM3. Page 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) ABORER 14. MOTHER'S MAIDEN NAME File pages 1 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL (Yes, no, or unkown) | (Ifyes giva war or detas of service) DERWOOD, MARYLAND in Item 1 Office along with 18. CAUSE OF DEATH [Enter only ona causa par lina for (e), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) MEDICAL EXAMINER: This certificate should be removal DUE TO Conditions, if any, which "pending" gave rise to Immadiata cause 10 DUE TO forwarded to the Chief Medical Examiner

L DIRECTOR: Page 3 should be used as
aled agent, prior to burial, cremation, or r (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19, WAS AUTOPSY CERTIFICATION execute the certificate, writing the word 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part II or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town street, office bldg., etc.) Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry death resulted from: Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER its designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER June 6th., 1961 EXAMINER'S NAME (Type) JAMES BOYD. M.D. Address (Streat, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 0 24a. REC(D BY REGISTRAR VS. A15ME

DATE

e. IS RESIDENCE

YES NO

19

Hours

F UNDER 24 HRS.

PERFORMED?

YES

NO

(Steta)

DATE SIGNED

(Steta)

ON A FARM?

5M 9/60

This was assisted STOW REAL Inte not impres a extend south YELLY COME TOWN ON MANY LAND 1201 . 113 695.

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be seed within 24 hours after a set and be retained by the hospital or attending physician.

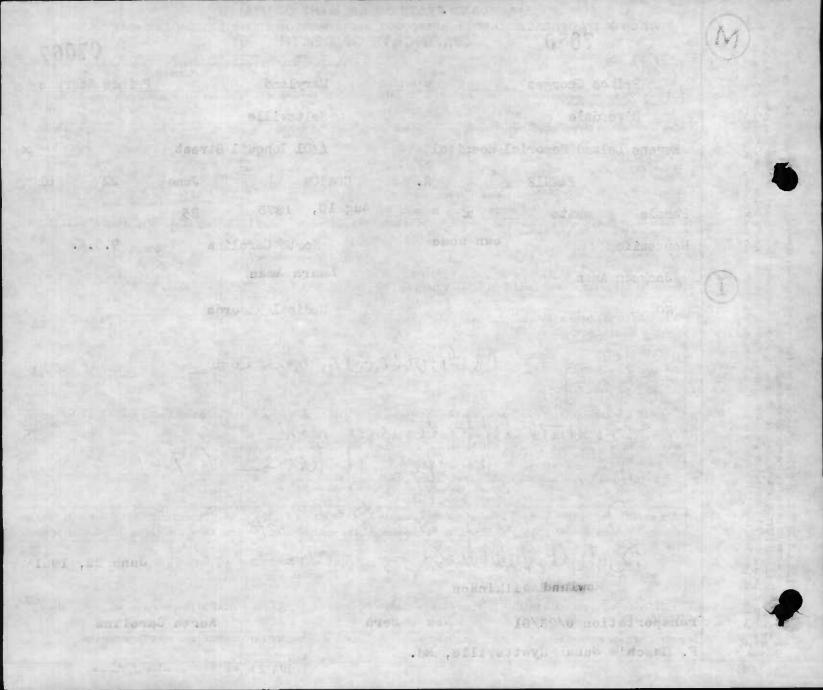
> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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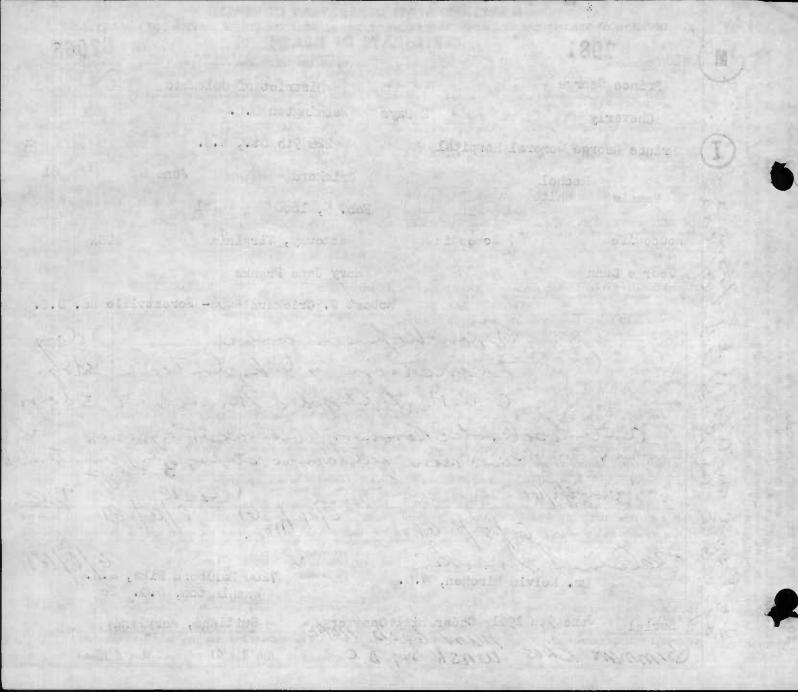
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3080	CERTIFICATE	OF DEATH		07067
1. PLACE OF DEATH a. COUNTY				nstitution: Residence before edmission)
Prince Georges	MARYLAND	e. STATE Maryland	b. COUN	Prince Georges
b. CITY OR TOWN (if outside corporate limits				RURAL and give nearest town)
write RURAL and give nearest town)		7.1		
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital give street address	/ 7 Beltsvi	TTG	a. IS RESIDENCE
	Tion in nospital, give silver address;			ON A FARM?
Eugene Leland Memori			nquil Street	YES NO X
NAME OF First- DECEASED	Middle	Lest	4. DATE Month	Day Yaar
(Type or print) FANNIE	A.	COSTON	DEATH June	22 19 61
. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers last birthday)	
Female white	WIDOWED DIVORCED T	lug 10, 187		Months Days Hours Min.
e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (Count		12. CITIZEN OF WHAT COUNTRY
dona during most of working lifa, even if retired	own home	Manahla	Comelina	71 C A
Housewife 3. FATHER'S NAME	J. J. Mome	14. MOTHER'S MAIDEN	Carolina	U.S.A.
3 13/4/16				
Jackson Aman		Laura An		
5. WAS DECEASED EVER IN U.S. ARMED FORC fas, no, or unkown) (Ifyasgivawarordatesofse	CES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT	Address	
NO		Medical	Records	
18. CAUSE OF DEATH [Enter only one	ceuse par line for (a), (b), end (c).}			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				ORSEL AND DEATH
422.1 DUE TO	a. 1'	1.01		1
	Cardiocosci	alos (Ill	lloso	(0 Mm
Conditions, if any, which geve risa to immadiate cause	00004000			4 0000
(e), stating the underlying DUE TO				771 215 166
causa last. (c)_				
PART II, OTHER SIGNIFICANT CONDIT	ONE CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
In returned	It tenuer	al nech		YES NO TO
200. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW NIURY OCCURED.	(Enter nature of injury in f	Part I or Pert II of item 18.)	1
OR CONTRIBUTING CAUSE OF DEATH	122 4001	Of hom	2 - 19-7-	61
	1 20d. INJURY OCCURRED   20a. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Steta)
20c. TIME OF INJURY Month, Day, Yea Hour a.m.	While Not While fector	ory, street, office bldg., etc.		
19	et work at work			75 / /
21. I certify that (I) (this hospital		7		19.6./that (I) (we) las
saw the deceased alive on.	72 22 1961, and that	death occured at	PM, from the causes	and on the date stated above
220. SIGNASURE	Tiled.			22b. DATE SIGNE
1 DILLING V	ulluluson m	DUVE D	AED. STAFF	June 22, 1961
22c. PHYSTCIAN'S		22d. ADDRESS		
NAME (Typa) Rowland W	ilkinson			
3e. BURIAL, CREMATION, 23b. DATE THER	OF 23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tov	vn or county) (State)
REMOVAL (Specify) ansportation 6/23/6	New Berr			Carolina
4 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hya	ADDRESS	Zoe. REC	D BY REGISTRAR 256. REC	BISTRAK S SIGNATURE
r. dasch s bons hya	ttsville, Md.	DATE	0.6761	
		JUN	26 61 Caro	hur & Thous



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY by the and 2 death. Prince George MARYLAND District of Columbia b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 by write RURAL and give nearest town) Washington D.C. 2 Days .= " Cheverly Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a, IS RESIDENCE ON A FARM? 226 9th St., N.E. Prince George General Hospital YES NO P papers. n 72 ho completely 4. DATE DECEASED 1961 June Crickard (Type or print) DEATH Rachel within carbon 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLONOL TAGE 7. MARRIED NEVER MARRIED Female act birthdey) and 1880 Feb. 5. WIDOWED TO physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? remove 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if refired)
HOUSEWITE Nattoway, Virginia Demestic USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Mary Jane Franks George Dunn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | [Ifyes give war or detes of service] Robert G. Crickard 4852- Forestville Rd. S.E. attending physician. as been signed by the the burial-transit permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 cla IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS certificate PERFORMED? 98 NO C use 208. ACCIDENT WAS UNDERLYING | 2 OR CONTRIBUTING (V CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURED, (Enter nature of injury) for the 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While at work at work DIRECTOR: 19(0./, that (I) (we) last plnous 22b. , DATE 22a. SIGNATURE ATTENDING. SIGNED DIRECTOR PHYS. PHYS. M.D. page with th 7200 Marlboro Pike, S.E. 22d. ADDRESS 22c. PHYSICIAN'S Kelvin Minchen, M.D. NAME (Type) Washington, D.C. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) June 9th 1961 Cedar Hill Cemetery Suitland, Maryland O 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JUN 8 Orthur S. Kraus 15M 9/60



VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7082

08305

	1 n f o mine	tion - from - his		f				
1. PLACE OF DEATH a. COUNTY		MARYLAND	a. STATE	NCE (Where decease	b. COUNTY			an)
b. CITY OR TOWN (If auts		c. LENGTH OF STAY IN 16	Marylan	WN (If autside carp		ice Georg		
RURAL and give nearest	tawn)	C. LENGTH OF STAT IN 18	e. Citt Ok 10	WIN (if autside carp	orate limits, write k	UKAL and give ne	drest lown)	
Cheverly			Upper M	arlboro		17.6		
d. NAME OF HOSPITAL (IF	not in hospitol, give street	oddress)	d. STREET ADE	ORESS		-	e. IS RESI	DENCE FARM?
Prince George	's General		3625 Me	rrydale D	rive		YES 🗌	NO 🗌
3. NAME OF DECEASED (Type or print)	son, Baby Boy	Middle	Last	4. DATE OF DEATH	Man Jun			%1 %1
			8. DATE OF BIRTH	55.711	Our	IF UNDER 1 YEAR		
	Thite WIDOW	RIED NEVER MARRIED 📆	June 27	1961	last birthday)	Manths Days	Haurs	Min.
10a. USUAL OCCUPATION (G	ive kind of work done 10b.	KIND OF BUSINESS OR INDU			country)	12. CITIZEN O	F WHAT CO	DUNTRY?
during mast af warking li	te, even it retired)		Chever	rly, Md.				
13. FATHER'S NAME			14. MOTHER'S M					
		of all	Phyllis					
	Dawson, Jr.	PY	ALL Elain	e Lewis				
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	J. S. ARMED FORCES? 16. give war or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Add	ress		
		and the second						
18. CAUSE OF DEATH	Enter anly one cause per li	ne far (a), (b), and (c).]		,		INT	TERVAL BET	WEEN
PART I. DEATH W	AS CAUSED BY:	Erythrobb	Partray 1.	1.0	,	ON	ISET AND	DEATH
IMM	EDIATE CAUSE (a)	superoco oc	nouve	- perace				
1100	DUE TO					3.5		
Canditions, if any, w								
gave rise to immed cause (a), stating the u								
lying cause last.	(c)						40 T	
Z PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HE TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a)	19. WAS A	UTOPSY
PART II. OTHER SI							PERFOR	NO [
	IDERIVING TI JON DES	CRIBE HOW INJURY OCCURRE	D /E-1-21-21 :	niusu in Past Las Pa	et II of item 18 \		11.3	ПОП
OR CONTRIBUTING CITY CONTRIBUTING CITY CONTRIBUTING CITY MEDI	AUSE OF DEATH	CKIBE HOW INJURY OCCURRE	D. (Chief nature of t	njury in rail i oi ro	at it of them to.;			
	CAL EXAMINER)							
20c. TIME OF INJURY M Haur a. m.		t.	ACE OF INJURY (Ho		ty ar tawn)	(Caunty	)	(State)
Haur a.m.	19 While at war	Nat while	iciary, sireer, diffice b	ridg., etc.)				
			Tune 07	67	Tues 07	(7		
21. I certify that (I)	(this haspital) attend	ded the deceased fram.	June 21,	,1001 , .ta	June 21,	, 19_ <b>O.L</b> , t	hat (I) (v	ve) last
	live on June 21	9 61, and that	death accurred	ab_PM, from	the causes an	id on the dat		
22a. SIGNATURE	01	11/					22Ь	DATE SIGNED
Ame	2011	her	M.D. PHYS.	MED.	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S	1100 17 23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22d. ADDRESS	5				
MAME (Type)	mes E. Abell,	M D	ERT 2 T	andover R	and Char	renlar Ma	amel ar	h
							путаг	ICL
23a. BURIAL, CREMATION, 2 REMOVAL (Specify)	36. DATE THEREOF	23c. NAME OF CEMETERY	CREMATORY	23d. LOCA	ATION (City, town,	ar caunty)	(State	()
Cremation	July 10,11961	PrinceGeo. 6	n Hospit	al Chev	erly, Md.			
24. FUNERAL DIRECTOR'S SIG	NATURE /	ADDRESS	/ 12	So. REC'D BY REGIS	STRAR 256 REGI	STRAR'S SIGNATI	JRE	
day	W V	ac !	12	DATE JUL 11	67 an	Una S. Kra	(A/G	
Library W. Tem	7 Jr., Admini	strator X	1					
2017233XV	7		/					

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# FOR STATE please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MISTAL SIN	III IIGAL KESLAK	CIT AIND RECORDS,	SOI WITH FALSION	INCLI, DALLINGE	t) terminate and temperature
1083	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	07069
PDEATH		11	2. USUAL RESIDENCE	Where daceesed lived. If institu	

1. PLACE OF DEAT	H		2. USUAL RESI	DENCE (Where dace			
Prince G	eorge's	MARYLAN	. STAMary	land	b. COUNTY	ince Geo	rge's
	(if outside corporete limits, d give nearest town)	c. LENGTH OF STAY IN		WN (If outside corpore			
Cheverly		1000000 21	ars. Hyatt	sville		24	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADD	RESS		1	e. IS RESIDENCE
	rge's General	Hospital	3426 Tul	ane Drive,	Apt. 32	2	YES NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeer
(Type or print)	Richard	Lindsay	Day	DEATH	June	27	19 61
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In yeers   IF		IF UNDER 24 HRS.
Male	White wi	DOWED DIVORCED	July 9, 19		36 yrs.	Nonths Deys	Hours Min.
	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign count	ry)	12. CITIZEN O	F WHAT COUNTRY?
Dispatcher	orking mo, aron a ramou,	Shipping	District	of Columb	ia	U.S.	A.
13. FATHER'S NAME			14. MOTHER'S MA	VIDEN NAME		,	
Arthur	White Day		Dorot	hy Gessfor	d		
	VER IN U.S. ARMED FORCES?					5107 S.	10th St.
Yes	(If yes giva we rordetes of service WW TT		Ir. Arthur W	I. Day	Arlin	agton 4,	Va_
	DEATH  Enter only one caus	e per line for (e), (b), end (c).]				1 INT	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. her anademana	aho ale			10	ISET AND DEATH
du		Hemorrhage and	SIDCE				
8/6/	DUE TO	C	T & Ab-	-117			
Conditions, if en	diate ceuse (	fracture of the	base of the	SKULL			
(a), stating the	> DIJE TO						
cause lest,	) (c)						
PARI II. OTHI	K SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE I	IERMINAL DISEASE CO	INDITION GIVEN	IN PART I(a) 1	PERFORMED?
3							YES NO
PART II. OTHI	ONTRIBUTING []	DESCRIBE HOW INJURY OCCURE					
	Dr	iver of a car th	nat ran into	the rear	of anoth	ier car	
20c. TIME OF INJ	URY Month, Day, Year	2Dd. INJURY OCCURRED 2De.	PLACE OF INJURY (Home fectory, streat, office bldg	e, farm, 20f. (City o	r town)	(County)	(Stete)
1:09 May	6/ 27/1961	while Not While at work St.	reet	Adelph	i	P.G.	Md.
21. I certify		e remains described above				X, and	in my opinion
death resulted	from: Natural causes	Accident 7	uicide . Homie	cide , Unde	etermined man	ner 🗍	
	1	Land Land	banned .	ICAL EXAMINER			
ACTUAL		1 07	Λ	T MEDICAL EXAMINER	П	r	ATE SIGNED
SIGNATURE	James	120	M.D.	EDICAL EXAMINER			/27/61
EXAMINER'S NAME (Type)	James I. Boyd	. M.D.		treet, city, town, or co			72702
220. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETER		22d. LOCATIC	N (City, town, o		(State)
Buriagi (Spacif	0-30-61	Arlington	National	Ft P	Myer, V	a.	
23. FUNERAL DIRECTO	OR .	ADDRESS	24a	. REC'D BY REGISTRA	R   24b. REGIST	RAR'S SIGNATI	URE
Lee Fun	eral Home -	Washington I	O.C. DAT	UUL 5 '61	unia	1 S. Firans	

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Monard Linday Day State 27 (4)

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Jugon and Autor

Mr. Artingedt, Der Arlingtes A. Va.

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1:09 to 6/ 27/ of I street Language F.G. M.

Jan J. Lader W.

Managar I. Royd, 16.3.

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Log numered store - Magnington D.V. Combine Santa Charles and

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FOR STATE HEALTH DEPT ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your rises.

FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the chief was designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 401 VS. AISME SM 9/60

MARYLAND	STATE	DEPARTMENT	OF HEALTH

70

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT	H		2. USUAL RESIDEN	CE (Where dacaasad lived, If	institution: Rasidanca before admission
a. COUNTY			a. STATE	b. COU	NTY
	nce George's	c. LENGTH OF STAY IN 1b		ict Columbia.	ta RURAL and give naarast town)
	give nearast town)	Dead on	c. Citt Ok 10 Wid (	i ouiside corporata timits, with	ROKAL and give magrass lown,
Cheve	rlv	[evrive]	Washir	ngton	ナンXゴ
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in h	ospital, giva straat addrass)	d. STREET ADDRESS		. IS RESIDENCE
Deriver	C	-7 771 7	2000 0		ON A FARM?
3. NAME OF	George's Genera		1937 Cal	lvert St., N.W	
DECEASED	FIFSI	Middla	Lasr	4. DATE Mont	th Day Yaar
(Type or print)	Elmer	William	Davok	DEATH Jam	e 6th. 1961
5. SEX	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS.
30.3				last birthday)	Months Days Hours Min.
Male	White WIDOW		October 11,1		
	ION (Giva kind of work   1Db. orking life, avan if ratired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stata	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Chauffe		Car Rental	Demma		U.S.A.
13. FATHER'S NAME		Jar ventar	Penna.	NAME	U.D.A.
	drawn Charles	Davok	-Unknow	own Louise Ad	lams
	ER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO.	r Richard On	driezch Nanty	-Glo. Penna.
		250			dvert St. N.W.
118 CAUSE OF I	NONE DEATH [Enter only one cause party)	yes Live for (a) (b) and (c) )	es. Janet Ond	Hezek Wachi	noton - Du Oval BETWEEN
	THE WAS CALLES BY			11 646	ONSET AND DEATH
TAKI II DEAT	IMMEDIATE CAUSE (a)	Hemorrhage and	shock,		
8/	DUE TO				
Conditions, if any		Compound fractu	the of the ele	-17	
geve risa to immed	iate ceuse	southouse Trace	THE OT THE SKI	111	
(a), stating that	DILE TO				
causa last.	) (c)				
Z PART II. OTHE	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY
E					PERFORMED?
2			(T		its   NO X
PART II. OTHE  2 Da. EXTERNAL C. PRIMARY OF CO	AUSE WAS 206. DESC	TRIBE HOW INJURY OCCURED.	(Enter nature of injury in Par	f I or Part II of Itam IB.)	
CAUSE OF DEATH.	Occur	pant of an auto	mobile that s	struck a fixed	object
20c. TIME OF INJU		I. INJURY OCCURRED   2Da. PI	ACE OF INJURY (Homa, farm	n, 1 20f. (City or town)	(County) (Stata)
B:40 Hour .m.	- 611 611 CWh		ctory, street, offica bldg., atc.		
Pinn			ad	Upper Marl	
21. I certify i	hat I took charge of the re	mains described above, I	neld an Autopsy	Inspection X Inqui	iry and in my opinion
death resulted	from: Natural causes	. Accident . Sui	icide . Homicide	, Undetermined n	manner
	7		CHIEF MEDICAL	EVA MINIED	
ACTUAL	, ,	16 2			
SIGNATURE	James >	H JONE	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
EXAMINERS	per	00	DEPUTY MEDICA	L EXAMINER	Town 0 (4) 700
NAME (Typa)	JAMES T. BOT	D, M.D.	Address (Streat.	city, town, or county)	June 6th., 196
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town	n, or country) (Stata)
REMOVAL (Spacify	1 1 0 1 1		+	a 1	@
Bureal	6-9-61	12.4. B. Len	ellery	Delsand	, Ja.
23. FUNERAL DIRECTO	R D	DODRESS'	· //	D'D BY REGISTRAR 246. REC	STSTRAR'S SIGNATURE
Vew Ch	mobers In	2/JHERDAK	E MD DATE JU	IN 8 '61 C	riling S. Krous
The way	- The state of the	To local and the	איים כן ייי		Tal. TVOODA
	/ /	00/			

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please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to fife funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7085 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	01011
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions	Residence before admission
Prince George's MARYLAND	a. STATE Maryland b. COUNTY Pr	ince George's
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporele limits, write RURAL a	nd give neerest town)
Cheverly D.O.A.	Cheverly	17
Prince George's General Hospital	d. STREET ADDRESS 6205 Kilmer Street	IS RESIDENCE     ON A FARM?     YES  NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) William Frederick Defi	fer DEATH June 9	19 61
7. MARKED	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday)	
Male   White   WIDOWED   DIVORCED	April 16, 1898 63 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUNTRY
done during most of working life, even if ratired)  Retired	District of Columbia	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Phillip Deffer	Mary E. Haislipp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, ac or unkown) (Ifyasgivewarordelesofservice)	INFORMANT Address	
Yes M	rs Doris May DiSilvestre, same	as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Acute congestive	a heart failure	ONSET AND DEATH
420.1 DUE TO	o mode o remains	
Conditions, if any, which \ (b) Coronary heart	disease	
geva rise to immadiata causa		h
(a), stating the undarlying cause last.		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE WAS PRIMARY TO CONTRIBUTING TO CAUSE OF DEATH.		YES NO 2
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Pert II of item 18.)	
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
		ounty) (State)
Hour e.m. While Not While	ctory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry ,	and in my opinion
	cide . Homicide . Undetermined manner	
deall lesuled from: Natural causes -, Accident , Suit	CHIEF MEDICAL EXAMINER	y serious comme.
ACTUAL ()	1 A ACCICTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE SIGNATURE	DEPUTY MEDICAL EXAMINER 4 6/9/6	
NAME (Type) / James I. Boyd M. D.	Address (Street, city, town, or county)	
22e. BURIAL, CREMATICAN, 22b. DATE THEREOF   22c. NAME OF CEMETERY O		ry) (Steta)
burial 6/13/61 Arlington Na	at.Cemetery Arlington. V	irginia
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S	
The S.H. Hines Co., 2901 Lith St. N.	- DATE NUMBER	S. Frank
wash.	D.C.	

Prince Guardetta Prince Senior Cherority Chever's describ tamila and Latingel Languet alegated coult Militan Traderick Decise william Arril 10, 1898 63 Parista Pa Lagrador of Columbia U. A. A. I he bord , ride of list yet about and court to the soul out the more asyro ermonito these viceomos the same of the James I. Boyot - M. T. alugaty, solvation and ampleas geography [19 graph The EVE. Himselfo, 12001 1002, 600 sonth 305 and

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY the d 2 MARYLAND and b. CITY OR TOWN (if outside corporete limits. (If outside corporete limits, write RURAL end give neerest town) þ write RURAL end give nearest town) .E -ON Pages d. STREET e. IS RESIDENCE ON A FARM? YES NO L completely NAME OF Middle DECEASED OF (Type or print) DEATH 196/ 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER I YEAR 5. SEX IF UNDER 24 HRS. NEVER MARRIED and last birthday) WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME affending SCOT ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, pr unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (State) et work 3.19 2.1., and that death occurred at 12 NOPON the causes and on the date stated above saw the deceased alive on............... DATE 22e. SIGNATUR SLENED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHISICIAN'S RANCH 23d, LOCATION ICity. 23e. BURIAL, CREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 DATE JUN

5. 12. 1 CHATON CLOSES CLOSTER 18th Lang 380 18th 18th 1807 380 THE SHIP TOURNESS TO THE SET IN FIRE DARK DORA TELEVISION FOR THE PERSON OF NOVE-WOHL NOVE LIHS!! D.E. L. SIM DIEFORD DEVINORN - NORM SECTO No - - ACNE WALKER DENVISOR BUILDING WALK THE THREE PART TORY I FALL DRE 1 1416 357112 COVERNITHE FRANCESHOOT ANTONIO SHAM THON THE WORK LONE TOWN TOWN TOWN THE TOWER OF PARTY AND A PARTY active of any a few of the state of the FRIED STATES TRUD RAINER AVEL CLANTEN HISBAR Therman 1923 War, Lo 19 Comment of the comment of t

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION, OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY b. COUNTY the d 2 RIVICE TRINIE GOORGE c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) and b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 write RURAL end give neerast town) days MARLBORD Maple Shade . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 103 Lane Center etely 3. NAME OF Middle DECEASED (Type or print) DEATH lune carbon 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED and lest birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) PRACTICAL AROLINE MURSE. Self-Emplyd. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Franklin Randall Mabel Ruth Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes giva wer or datas of service) Carl S. Duckett-Same as Item #2. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if a ... which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Septer neture of injury in Per I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work 21. I certify that (I) (this hospital) attended the deceased from 5/25 1801 10 6 / that (I) (we) last Mam the causes and on the date stated above. and that death occured a saw the deceased alive 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clinton, Maryland Lapin,

23c. NAME OF CEMETERY OR CREMATORY

New Salem Cemeterv

IF UNDER 24 HRS.

(State)

.SIGNED

Car.

(County)

arthur S. Thates

23d. LOCATION (City, town or county)

25e. REC'D BY REGISTBAR | 25b. REGISTRAR'S SIGNATURE

Skyland

DATE

F. d. 0 VR A15 (4) 15M 9/60

23e. BURIAL, CREMATION, 23b.

HERAL DIRECTOR'S SIGNATURE

64050 The Continue of the State of th temate white -68- 18-5-51 The Action where collings. CANCOLD OF THE PROPERTY OF THE PARTY OF THE PARTY. with S. bridgen + minis an in action telling of a land of the process BUT ELLE blowing and the second Lefter Comment of Every and Ant of the last Perfection of the reflection 5-15-61- 20 13/1/2 - 10/27 8 1/2 

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. Item 9 Film G288 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH o. COUNTY Prince George's frie funeral director. Page of Health, e. STATE b. COUNTY is necessary, files. Maryland MARYLAND Prince George b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 Your write RURAL end give neerest town) Cheverly Cheverly days o d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE Boar ON A FARM? 2111 Valley Way retained Prince George's General Hospital YES NOT State NAME OF DATE Month Yeer DECEASED ge 5 me, and 2 with to Mary Dunigan (Type or print) Eva DEATH June 6 19 2, and 3 to 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Female Hours WIDOWED P DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Housewife U.S.A. Maryland Own Home pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Imknown WATKING TOT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with burial-transit perm Mrs Anna M. Lickmer. Same as # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN .= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) Shock DUE TO removal. Universal Burns of the Body (b) geve rise to immediate cause "pending" 10 Examiner's DUE TO (e), steting the underlying Se ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word 99 NO DOK Medical should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. Wrapped self in sheets and set them on fire thould be forwarded to the Chief FUNERAL DIRECTOR: Page 3 Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) Not While fectory, street, office bldg., etc.) 6 at work et work Home Cheverly Md prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 30 Inquiry 3 and in my opinion agent, Accident Suicide 3. Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should NAME (Type) James I. Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF OR CREMATORY LOCATION (Cityptown, or country) 40 0 A15ME DATE JUN Circhar S. Thomas

TO THE REAL PROPERTY OF A SECTION ASSESSMENT Prince Jeditel bee Pyrall Oksverill. TO VALLEY AND Publica George's General Mountain Contract of the Contract of th Penulis Complete of Secretary Contraction YORAH USAHSIT CHOMINE CALARDA A TERRARA City on and tenter, can all the This er and the total and the Bodge Maryland Come Silver Ward Ward A WERO - Gentle Land and Callet and a second and a second

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7089 CERTIFICATE OF DEATH with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) L COUNTY a. COUNTY g. STATE eq MARYLAND Ince c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral b. CITY OR TOWN (If outside corporate limits, write ad RURAL and give nearest town) pluods gatt SUIlle 54 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO NAME OF Middle 4. DATE Last Month Day Yeor DECEASED OF DEATH (Type or print) 19 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Dovs Hours WIDOWED [ DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 0.5.4 5. and carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician abeth with remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending edse INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: DUE TO p Conditions, if any, which paub gave rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20d. INJURY OCCURRED (County) Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that (I) (this haspital) attended the deceased from the including , 196/, that (1) (we) last and that death accurred at the from the causes and an the date stated above. saw the deceased alive on DIRECTOR: 22a. SIGNATURE 22b, DATE ATTENDING PHYS. MED M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23b. DATE THEREOF 23d. LOCATION (City, 23a. BURIAL CREMATION. REMOVAL (Specify) Buria 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) Collins 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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## FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

PLACE OF DEA	90 M	EDICAL	EXAMINEK	S CERTIFICA	IE OF L	PEAIH	0.90	76
a. COUNTY	Prince Geor	rets	MARYLAND	a. STATE Maryl		b. COUNTY	e Georg	
b. CITY OR TOWN write RURAL e	N (if outside corporate line and give nearest town)		LENGTH OF STAY IN 16	c. CITY OR TOWN		ate limits, writa RURAL		
Chever.	SPITAL OR INSTITUTION	lif not in bosnital	2 nrs	d. STREET ADDRESS			1.0	IS RESIDENCE
	George's G			4318 41		et		ON A FARA
NAME OF DECEASED	Fire		Middla	Last	4. DATE	Month	Day	Yaar
(Type or print)	James	Ashl	by Enni	s	DEATH	June	19.	19 61
SEX	6. COLOR OR RAC	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		AGE (In yaers   IF UND		JNDER 24 HR
Male	White	WIDOWED	DIYORCED 🗆	August 20.	1015	Month:	s Days Ho	urs Min
USUAL OCCUP	ATION (Giva kind of wo	rk   10b. KIND C	OF BUSINESS OR INDUST		a or foreign count		CITIZEN OF W	HAT COUNT
Helper	working lifa, avan if ratio	ed) Toadi	ng Freight	Virginia			U. S.	A
FATHER'S NAME		100001	me Treferra	1 14. MOTHER'S MAIDEN	NAME		U. D.	Ale .
221 191	d Franklin	77-	md					
	EVER IN U.S. ARMED FO		M1.8		y Finis	Address		
	(If yas give war or dates of							
ies	MMTT			Mrs Mary Enn	is, same	as # 2		
18. CAUSE OF	P DEATH [Entar only on	a causa par lina fo	r (a), (b), end (c).]					AL BETWEEN AND DEATH
Conditions, if a geve rise to imme (a), steting the cause lest.	ediate causa		ronary heart			JE 57		
	HER SIGNIFICANT COND	ITIONS CONTRIBL		OT RELATED TO THE TERM				AS AUTOP
	CONTRIBUTING [	200. DESCRIBE A	JW INJOK! OCCURED.	tenier nature of injury in re	ar i or ran ii or ne	эт 10.)		
20c. TIME OF IN Hour a.m	١.	While		ACE OF INJURY (Home, far tory, street, office bldg., et		r town) (0	County)	(Stata)
21. I certify	that I took charge	of the remains	described above, h	eld an Autopsy .	Inspection 1	Inquiry ,	and in	my opinio
death resulted	d from: Natural o	auses 🖈 A	Accident, Suid	cide . Homicide	_	etermined manner		
ACTUAL SIGNATURE	Len	er I	130	A.D.	DICAL EXAMINER		DATI	SIGNED
EXAMINER'S NAME (Typa)	James I.	Boyd			city, town, or co	6/19 (d)	1/61	
BURIAL, CREMATEMOVAL (Space	TION. 226. DATE THE		NAME OF CEMETERY O	I NATL	FT LOCATION	ON (City, town, or could	ntry) V	(Stata)
FUNERAL DIRECT	TOR	C. R	ADDRESS	heel 240. RE		R 246. REGISTRAR'	S SIGNATURE	

VS. A15ME 5M 9/60

Extrace Coorgot a Line and Maryl ad Later Coores Deposit and a 1. 100 3 -- 12 32 1 11. Internal Immunity of the control 21110 125 GIZZI L Male India August 20, 1915 45 Togick U. B. Iv Havid Freddin alm wisondl e int If an ome shirt year and ?? Coronego confinedon Comment house disease Local L passel ELGIEL CZZEL KERMETEN KATE FT MYZIG IVA Well Chamber and Time C. May .

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

70	91		CERTIFICAT	E OF DEAT	Н			7077
o. COUNTY	Princ	e Geor	ge's MARYLAND	2. USUAL RESIDE		eceesed lived, If b. COUN		V
b. CMM JAY1	outside corporeta limit give neerest town)	s,	c. LENGTH OF STAY IN 16  2 days	c. CITY OR TOWN	(If outside corp	porate limits, writ	RURAL end give	naerest town)
		f not in hosp	oital, giva straat eddrass)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
Prince Geor  NAME OF DECEASED (Typa or print)	rge's First Wal	ton	Middle	326 A S. I	4. DATE OF DEATH	Month	h Do:	
s. sex			Edward  D X NEVER MARRIED	Farrell 8. DATE OF BIRTH 5-19-21	2		IF UNDER 1 YEAR Months Deys	
Oa. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	10b. KI	ND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE 2		30		OF WHAT COUNTRY
Salman 3. FATHER'S NAME		An	tomobil	New York	City		U.S.	<b>A</b>
Willia	m Farrell			Mollie Ly	mch			
5. WAS DECEASED EV	ER IN U.S. ARMED FOR fyesgive werordates of se		SOCIAL SECURITY NO. 17.	INFORMANT Lice C. Rarr		A, Sou	ithhampto	n Dr.
YES W	.W.#2	09	0×14-3766	TTOO O. HOTT	Sil.	Sp. MD.	•	
	H WAS CAUSED BY:		ne for (a), (b), end (c).	4 Bra	2-			NTERVAL BETWEEN
Conditions, if eny geve rise to immedi (e), steting the uceuse lest.	ndarlying DUE TO		different to			ferry	VENTIN DADT VO	19. WAS AUTOPSY
			TRIBUTING TO DEATH BUT N				VEN IN PART I(e)	PERFORMED?
200, ACCIDENT W OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury	in Perf I or Perf	II of ifem 18.)		
20c. TIME OF INJU		ar 20d. I While	Not While fa	ACE OF INJURY (Home, forctory, street, office bldg., o		ty or town)	(County)	(Stete)
21. I certify t			ded the deceased from		, 19, to			that (I) (we) last
226. SIGNATURE	0	a Ou		ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.		22b. DATE SIGNE
22c. PHYSIMAN'S NAME (Type)				Prince	George	s Hosp.		
230. BURIAL, CREMATI REMOVAL (Spacify)	6/28/6I	REOF	23c. NAME OF CEMETERY			ATION (City, to	own or county)	(Stete)
24 FUNERAL DIRECTOR	R'S SIGNATURE	(7 ~~~	Arl Natl C	erdale Md. ALE	REC'D BY REGIS	STRAR 25b. RE	GISTRAR'S SIGN	

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Altos O. Harrell 126 A. Southbrington Dr.

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Prince Georgets hosp.

Burial 6/28/61 Art, Natt. Cenetony & Art. Vir.

i. . Lumbers Co. 3801 Clevelend ave. Myertels Mt. - Min ! - William

TO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be red within 24 hours after the page 4 may be retained by the hospital or attending physician.

Yes a page 4 may be retained by the hospital or attending physician.

Yes a page 5 may be retained by the hospital or attending physician and commetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

9	MAKILAND STATE DEF	AKIMENIO	FREALIN		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTOI	N STREET, B	ALTIMORE 1,	MARYLAND
7092	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH			07078

)	1. PLACE OF DEATH •. COUNTY Prince Georges	Cheverly MARYLAND	a. STATE	CE (Where deceesed lived, If b. COUI	institution: Residence before edmission) NTY Prince Georges				
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (		a RURAL end give neerest town)				
in page	d. NAME OF HOSPITAL OR INSTITUTION (if no		d. STREET ADDRESS		IS RESIDENCE     ON A FARM?				
/	Prince Georges Gene			Goodland Dr.	YES NO				
	3. NAME OF First DECEASED (Typa or print) Baby	Middle 7	Ferro	4. DATE Mont	Dey Yeer 17 19 61				
	Man Indian	MARRIED NEVER MARRIED 8	6-17-61	9. AGE (In yeers lest birthdey) yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hoges   Min.				
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	ity & State, or foreign country	U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	V . D				
	Jerome Ferro		AMERINE AC	delaide M Ro	obinson				
	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unkown)   (Ifyesgive werordetes of servi		INFORMANT	Addres					
			Hospital	records Cl	neverly, Md.				
	18. CAUSE OF DEATH [Enter only one ce PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	use per line for (a), (b), end (c).]	16-		INTERVAL BETWEEN ONSET AND DEATH				
	761.5 DUE TO 1								
	Conditions, if any, which \ (b)	Dremat we	Jehn	ation of 1	1 Lucenta				
	geve rise to immediate cause (e), stating the underlying	geve rise to immediata cause (e), stating the underlying DUE TO							
9	ceuse last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO				
	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 4 or Pert II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19		CE OF INJURY (Home, fern tory, street, office bldg., etc		(County) (State)				
	21. I certify that (I) (this hospital)				, 19.6], that (I) (we) last				
	saw the deceased alive on6	-17 19 61 , and that	death occured at 6.	5.00 from the causes	and on the date stated above.				
	22e. SIGNATURE	Harlans "		MED. STAFF PHYS.	June 17, 1961				
	22c. PHYSICIAN'S NAME (Type) Faud Kaib	ni	22d. ADDRESS Washin	gton D C					
	230. BURIAL, CREMATION, REMOVAL (Specify) Burial June 21,	23c. NAME OF CEMETERY 1961 Mt Olivet (		23d. LOCATION (City, to Washington					
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE				
	F. Gasch's Sons H	yattsville, Md.	DATE	JN 23 '61 C	why & Kraus				

munition of saleby sarisace Adapted Pacesta Viewerly, Nd. Sents of anich Water Land Market D. C. Buchal Sude H. Last Ht Silvet Cometery  TO I PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be within 24 hours after the reason and be retained by the hospital or attending physician.

TO CINERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OMOMO

7.093	CERTIFICAT	E OF DEATE			U	1013	
1. PLACE OF DEATH  e. COUNTY		2. USUAL RESIDEN	CE (Where de			dence before	dmission
	MARYLAND	o. STATE (D.C	.1	b. COUN	TY		
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	- /	orate limils, write	RURAL and g	ive nearest tow	vn)
write RURAL and give neerest town)	6 darra	Maghine	+ 000 20	D A			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	5 days	Washing d. STREET ADDRESS	con 20,	D.U.	8 4	l e. IS R	ESIDENCE
USAF Hospital Andrews, AAH		2913 5th	St. S.	E.	47x		A FARM?
3. NAME OF First	Middle	Last	4. DATE	Month		Dey Yee	r
DECEASED (Type or print) CURT	H	FISCHER	OF DEATH	June	. 2	5 19	61
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 1 8	. DATE OF BIRTH	9.	AGE (In yeers	IF UNDER 1 YE	AR IF UNDER	24 HRS.
Male Caucasian widow		26 Feb 1888	1000	73 yrs.	Months Dey	/s Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or	foreign country)	12. CITIZE	N OF WHAT	COUNTRY
Retired USARMY Bandsman		Germany				USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	-			
Carl Fischer		TXXXXXXXX	Selma	Killig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address			
(Yes, no, or unkown) (Ifyesgive were relates of service)	Vone Mr	s, C.H. Fisch	her 20	13 5th	ST B.E	Wash	20. D
18. CAUSE OF DEATH [Enter only one ceuse per		b, <b>v.</b> 11. 1 1200	1101 , ~)	17 /021	الده ما و بدن	INTERVAL BET	TWEEN
PART I DEATH WAS CAUSED BY.						24. Hou	
IMMEDIATE CAUSE (a) Sept	reemia	- 116 mm - 1				~4 110U	1.9
DUE TO					3,000	3 Yea	ne
gave rise to immediate cause	remia					J_1Ca	10
(e), steting the underlying DUE TO			1		15.50		
cause lest. (c)	ALTRIDIUTING TO DEATH BUT ALON	T DEL ATER TO THE TENLIN	LAL DISTAGE	COMPLETION OF	ITAL IAI BARY 11	e) 19. WAS	ALITOBEV
PART II. OTHER SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT NO	OI RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAKE I(	PERFO	ORMED?
<u> </u>						YES A	NO [
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Pert II	of item 1B.)			
20c. TIME OF INJURY Month, Dey, Year 2Dd. Hour a.m. While the property of the	, ,	CE OF INJURY (Home, farm ory, street, office bldg., etc.		or town)	(County	)	(State)
p.m. 19 et wo	C TANK ALTINO						
21. I certify that (W (this hospital) atter	nded the deceased from	20 June	19.61 to	25 June	, 196]	, that 🕼	(we) las
	19.61, and that						
22a. SIGNATURE	1		1 - 1				. DATE
1 Jamesill	es M		MED. DIRECTOR	STAFF PHYS.		25	Jun6.
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) JEROME TILLES,	Captain USAF M	C USAF Hosp	ital Ar	drews,	AAFB, N	ld.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tov	wn or county)	(5	tete)
REMOVAL (Specify) Burial 6-28-61	Arlington N	at'1.	Arli	ngton,	Va.		
	Good Hope Rd SE			RAR 255. REC		NATURE	
	rton 20 DC	DATE J	UN 2 7 '6	1 0	lathur & ;	Kraus	

VR A15 (4) 15M 9/60

The state of the s To the state of th main the True The state of the s Live mint of the state of the s I Same I was a series of the s William Chinica, Captain Cale up . Ar Henrich and the s, As s, 18. A Commence of the Commence of August 10 15 Mb. Mar. Security Security 1000-1000 1000-1000 1000-1000

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

07080 e. IS RESIDENCE ON A FARM? YES NO Day Year 19 67 IF UNDER I YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH HOUR PERFORMED? YES NO (County) (Stote) 1961, that (1) (we) lost 22b, DATE SIGNED

(State)

Film G289 Corrected copy AND YETT STORY ISAROIN Parties, Dor with so that, st, 'i.t. ment so TELEVISION THE PERSON WAS IN THE WORLD BY T: DE TENTO 13 75 1112 如从面对。图,并在自然的时间,已经发生的图:"在2017年,当时,如2017年12月,在1917年12日,于1912年 The state of the s

## FOR STATE TC DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, despending or removal, and in any senior right in 72 hours after death. VS. A15ME

5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)						
Prince Georges County MARYLAND	STATE Maryland     Howard						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
Cheverly D.O.A.	Simpsonville 13 x - 2						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   •. IS RESIDENCE						
Prince Georges General Hospital	ON A FARM?						
3. NAME OF First Middle							
DECEASED	OF						
O ANTEN ENVIARED	GAITHER DEATH June 6, 19 61.						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.    lest birthdey   Months   Deys   Hours   Min.						
Male   Negro   WIDOWED   DIVORCED	Jan. 13, 1918 43 yrs. Months Deys Hours Min.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY						
Loader Operator Construction	Maryland U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Lloyd Gaither	Rasa Edminds						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.							
(Yes, no, or unkown) (Ifyesgivewarordalesofservice)	A 113						
Yes W.W. 2 217-16-0120 Mrs	s. Florence Gaither Same as 2 above.						
PART I. DEATH WAS CAUSED 8Y: C ()	INTERVAL BETWEEN ONSET AND DEATH						
IMMEDIATE CAUSE (a) Clarch Co	lin						
DUE TO	-00'0-						
Conditions, if eny, which (b) Conlect	with high lensen wires						
gave rise to Immediate cause (e), stelling the underlying  DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NO  20a. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING   Contri							
						PRIMARY (D) OF CONTRIBUTING   CAUSE OF DEATH.	el at of ilt will
						3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
Hous am, , While Not While	gry, street, office bldg., etc.)						
	red Agalabell 1. 7. 100						
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion						
death resulted from: Natural causes , Accident , 'Suic	ide, Homicide, Undetermined manner						
	CHIEF MEDICAL EXAMINER						
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED							
	DEPUTY MEDICAL EXAMINER						
JAMES I. BOYD, M. D.	Address (Street, city, town, or county)  June 6, 1961						
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF							
Burial 6/9/61 Locus Method	ist., Simpsonville, Md.						
23. EUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE						
Kohnt L. Sunville Rockville, 1	A. DATEN 9 '61 Clothing & House						
1 1100000000000000000000000000000000000	1 often 9 '61   arthur S. Krous						

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FOR STATE HEALTH DEPT. Dease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS	, JUI W. PRESIO	N SIREEI, BALIIMO	KE I, MAKILAND			
7096 MEDICAL EXAMINER'S	CERTIFICA	TE OF DEATH	07082			
1. PLACE OF DEATH	2. USUAL RESIDEN		stitution: Residence before edmission)			
Prince George's MARYLAND	. STATE Mar	yland b. COUNT	Prince George's			
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (I	f outside corporete limits, write	RURAL end give neerest town)			
Cheverly Dead on arriva	4) Cheverly					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE			
Prince George's General Hospital	/ 5618 G	reenleaf Road	ON A FARM? YES NOTO			
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Dey Yeer			
(Type or print) John THOM	Gordon	DEATH June	6th., 1961			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.			
Male White WIDOWED DIVORCED	May 4, 1897	yrs.	Months Days Hours Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Machinist Navy Yard	Scotland		U. S. A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN					
George D. Gordon	Margaret	Davidson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address				
(Yes po, or unkown) (If yes give wer or detes of service) 577-38-5141 N	irs Elizabeth	Gordon, Same	as # 2			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (*)  Acute congestive	re heart fail	ure	ONSET AND DEATH			
4/41) V						
Conditions, if eny, which (b) Cardiovascular	rena l dise	ase				
geve rise to immediate cause						
(e), steting the underlying DUETO						
Z   Cause lest. (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	AL DISEASE CONDITION CIVE	N IN PART 1(e): 19, WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH.	THE TENNI	THE DISEASE CONDITION OFFE	PERFORMED?			
		1 D 11 (1) 401	YES NO			
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   206. DESCRIBE HOW INJURY OCCURED. (I	enter neture of injury in her	( or ren il of item 18.)				
	OCE OF INJURY (Home, fern tory, street, office bldg., etc.		(County) (State)			
p.m. 19 et work et work						
21. I certify that I took charge of the remains described above, he	eld an Autopsy	Inspection X, Inquiry	and in my opinion			
death resulted from: Natural causes X, Accident, Suic	ide . Homicide	, Undetermined ma	nner 🗌			
CHIEF MEDICAL EXAMINER						
ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED			
EXAMINERS	DEPUTY MEDICA	L EXAMINER	June 6th., 1961			
NAME (Type) JAMES I. BOYD, M.D.		city, town, or county)				
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	RCREMATORY	22d. LOCATION (City, lown,	or country) (State)			
Burial JUNE 9,1961 FORT LINCOLN	CEMETERY	PLANEARBOR	C MARYLAND			
23. FUNERAL DIRECTOR ADDRESS A A	The second secon	TVING 143 CIA				
23. FUNERAL DIRECTOR  ADDRESS  ADDRESS	The second secon		TRAPS SIGNATURE			

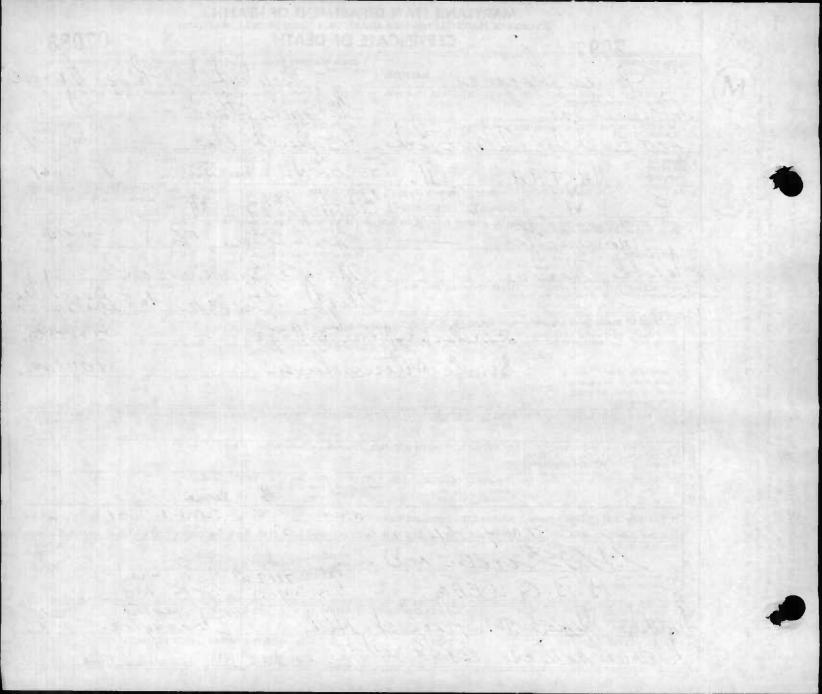
VS. AISME 5M 9/60

A Property of the state of the Applicated formers to rest something John Caston The minter was a second with the The Starty in Michigan Content, Student dis END CONTRACTOR CHARLEST THE THEORY FOR THE WAR YEAR THE THE THEORY IN MIN TENT the way of the same of the sam

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND						
		TE OF DEATH	07082			
	COUNTY PLINES JESEGER MARYLAND	Mary rella	COUNTY Truce Learge			
	b. CITY OR TOWN (If austide carporate limits, write RURAL and give neared town	c. CITY OF TOWN (If of side carporal) lim	its fyrite RURAL and give negrest tolyn)			
	d. NAME OF HOSTTAL (It not in hospital, give street address) OR INSTITUTION 405 Doech The Jaksma Jack	d. STREET ADDRESS 405 Deech An	e. IS RESIDENCE ON A FARM? YES NO 12			
	NAME OF DECEASED Type or print)  NAKTHA  Middle  G	SORN. 4. DATE OF DEATH J	Manth Day Year 1961			
5. 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  WIDOWED DIVORCED	Date Of BIRTH  9. AG lost 27- 1873  9	E (In years birthday)  Manths Days Haurs Min.			
	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired	Hadnigton	06. 12. CITIZEN OF WHAT COUNTRY?			
13.	La carl - Martin	Maky S. Remme	orner 1			
15/ (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI (If yes, give wor or dates of service)	Llayd Hosor	Address Deachtrage 405 Beachtrage			
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nearhouse	INTERVAL BETWEEN ONSET AND DEATH			
	33/X DUE TO Serile Arter	iosclerosis	1048002			
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>   DUE TO					
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT I	NOT RELATED TO THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
MEDICAL		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	n) (Caunty) (State)			
	21. 1 certify that (I) (this haspital) attended the deceased framsaw the deceased alive an 31 May 1961, and that de		ne_1, 1961, that (1) (we) last			
	22a. SIGNATURE	earn accorred at the time, from the c	auses and an the date stated abave.			

10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 12.0 during most of working life, even if retired	CITIZEN OF WHAT COUNTRY?				
_	Hackeriefe - Kasking for DE.	U.2. H.				
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NAME	0 11				
15/ (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or dates of service)  Address  Address  Address	Begchtz				
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: @ 9 Plan of Lange 8786 8 48	ONSET AND DEATH				
	33/X Canditions, if any, which gave rise to immediate  (b) Service Arterioricleroris	10 48002				
	gave rise to Immediate DUE TO					
	lying cause last. (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while at work at work at work at work at work at work.	(Caunty) (State)				
	21. I certify that (I) (this haspital) attended the deceased fram. May 1946, to June 1, 19	61 that 11\ (100) last				
		he date stated above. 22b. DATE				
220. SIGNATURE J BULLER M. O M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 0						
	22c. PHYSICIAN'S NAME (Type) M R	-				
	1. 13. 13 WELL TAKON A FACK Me	1				
309	REMOVAL (Specify) Lune 3-1961 Freede Ch Hell 23d. LOCATION (City, 16 km, or count)	in Stone				
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE JUN 5 '61  CIVILIAN ADDRESS					
7						

VR A15 (4) 15M 9/59



VS. AISME

5M 9/60

FOR STATE HEALTH DEPT.

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7099 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07084

1. PLACE OF DEATH  •. COUNTY  Prince George's:  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institute a. STATE b. COUNTY b. COUNTY P.	ution: Residence before admission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Cheverly  D.O.A.	c. CITY OR TOWN (If outside corporete limits, write RUR 40 Bladensburg	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress)  Prince George's General Hospital	d. STREET ADDRESS 4113 51st Street	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ann Ethal	Gould June	Dey Yeer 21 19 61
5. SEX ALIE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	Dec. 2, 1900  DEATH June  19. AGE (In yeers   IF UI   Mor	NDER 1 YEAR   IF UNDER 24 HRS.
		2. CITIZEN OF WHAT COUNTRY U. S. A.
Benjamin Dunn (Deceased)	Molly Marcus (Deceased)	
(Yes, no. or unkown)   (Ifyesgivawer or detesof service)	M Gould same as # 2	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	ve heart failure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  (b) Hypertensive he cause (c) DUE TO (c)		N PART 1(a) 119 WAS ALTICORSY
CATIO		PERFORMED? YES NO 1
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter neture of injury in Pert I or Pert II of item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) pry, street, office bldg., etc.)	(County) (State)
21. I certify that I took charge of the remains described above, hel	ld an Autopsy , Inspection , Inquiry	and in my opinion
death resulted from: Natural causes Accident , Suici	de, Homicide, Undetermined manne	er 🗌
ACTUAL SIGNATURE ARMON J. Jonal	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	2/61
220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)		ountry) (State)
Burial June 23, 1961 Natil. Mem. 1	Park Falls Church, Va	D/C CIGNATURE
Goldberg Funeral Home 4217 9th St. N.W.	0.0.104	I Thus

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	service de DT	140,0	Operantly
	Alls Sist Street	Intiquoil ferr	and alegned scales.
15. B)		fendi.	IL .
	NO. 3, 1000		edinW Table
A .2 .T	Tentogade	orall and	Hotaerd fo
	Molly Marons (b)	_ (Seminal)	Benjenin Dom ()
	San Gould, care as # 2	\$77-0-01FB	oll
	ethic beart fellows	Sact of C.	
	encode to treat a		
			PP 1 SECURIOR

A CHARLES THE UTS AND STATE OF THE STATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY/ MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write, RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) .6 . IS RESIDENCE ON A FARM? YES NO V NAME OF DATE DECEASED OF DEATH (Type or print) 19 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In yeers 7. MARRIED NEVER MARRIED last\_hirthdey) Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) remov e during most of working life, even if retired) MOTHER'S MAIDEN NAME please aftending WAS DECEASED EVER WYU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unkown) | (If you give wer or detes of service the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (a), steting the underlying has cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate PERFORMED? NO F use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY factory, streat, office bldg., etc.) Not While While Hour a.m. et work at work p.m 21. I certify that (I) (this hospital) attended the deceased from. There was to Acres 2 3 ..., 196, that (1) (we) last saw the deceased alive on.... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. UNERAL SICIAN'S 22d. ADDRESS NAME (Type) ector, (Stete) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify) - F & OH 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JUN 2 15M 9/60

the state had been been been freeze of the source with (I) in during which the many fresher in the THE SPISSY FIRE COLD IN BUTTER THE RESIDENCE Marin St. The Course Colored Charles and the desirence of the second S MILINEYS The first the formation of the first the when the 6/23/61 metrica de la constante Was Educa Jacks in the May Miller of Tree was five many and the track of the

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07086

	7100 CERTIFICATE OF DEATH	07086
	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY)  b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	(A) and give nearest town)
	d. NAME OF HOSPITAL (It not in hospital, give street address) OR INSTITUTION  8202 (entra) Ave	o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) E/A ROSETTA Granne Last 4. DATE Month OF DEATH VINE	Day Year
	Female Negro WIDOWED DIVORCED - Oct 20, 1891 1059	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State foreign country)	12. CITIZEN OF WHAT COUNTRY?
$\Gamma$	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME, JANE CAYTER	Holley
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT Bernard E. Hawkins	Landous, m
	18. CAUSE OF DEATH [Enter only one couse positive for (o), (b), and (o).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heavy Failure	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b) Carcinorna of // UZ	lende V.
	couse (o), stating the under-   DUE TO Carcinoma of Stomach	Undat.
	CCATIC	PERFORMED? YES NO
		(6-14)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m.  19 While Not while at work at work at work at work at work at work at work.	(Caunty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 6,3 1961, to 6/11. It is aw the deceased alive on 6/10 1961 and that death occurred affective, from the causes and	on the date stated above.
	220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. D  220. PHYSICIAN'S  220. ADDRESS	6/11/6/
	NAME (Type) HENNY A- WISE THE GOOS VOITS ST. 1230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or	Lanhan, Mo
	REMOVAL (Specify) 6/18/61 Ebenezer Methodist Ceme. St. Marys Coun	
	VIRIA TO A Street NE	Thus & Krand

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

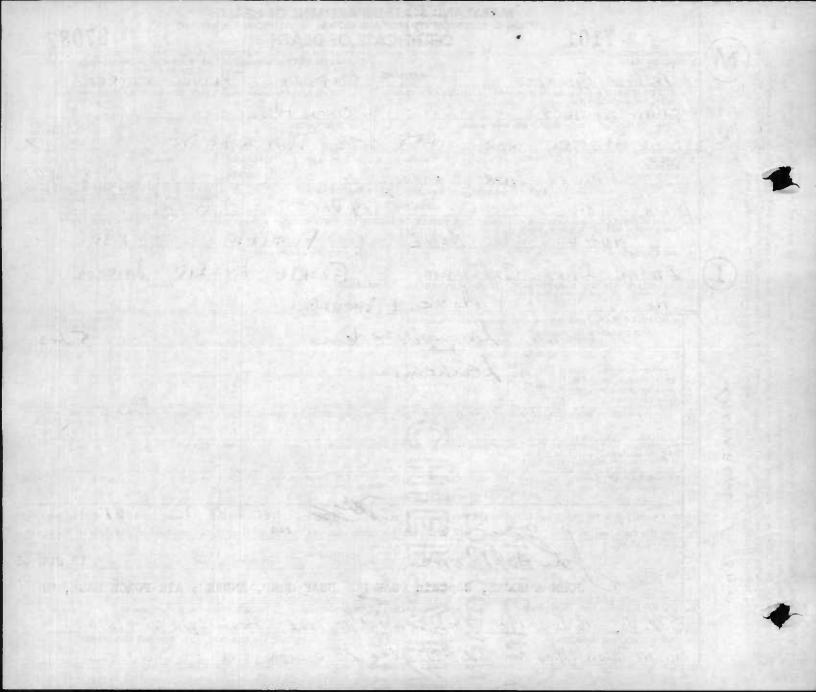
CERTIFICATE OF DEATH

07087

	U U C	CERTIFICA	IL OF DEATH		0 : 00 3
	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased in o. STATE	b. COUNTY	
	RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporol		ve nearest tawn)
-	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	dress)	d. STREET ADDRESS	<=	e. IS RESIDENCE ON A FARM?
	DSAF HOSPITAL LINDRE	WS HTB	3/26 VUMPRIE	5 01-	YES NO
E	3. NAME OF DECEASED (Type or print) Daniel ENAR	Middle Likesh	Last 4. DATE OF DEATH	9 une	Day Year / 3 196/
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9.		YEAR IF UNDER 24 HRS.
	Male. Con WIDOWED	DIVORCED [	14 DEC 55	5 yrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during mast of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign cour	itry) 12. CITIZ	EN OF WHAT COUNTRY?
	NONE	NONE	FLAGIGA	.13	5A
	13. FATHER'S NAME	10010	TLORIDA H	NO.	3 81
	13. FAIRER'S NAME		14. MOTHER'S MAIDEN NAME	1	
-)	EDGAD INDS (DES	- HAM	GLODIA EVA	TAL UNK	25041
7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	FORMANT	Address	1400-11
4	(Yes, no, or ynknown) (If yes, give war or dates of service)	A SECONITINO. 17. III		Addiess	
	No /	YONE 1	FATUER		
		for (a) (b) and (a) 1	A TARREST		INTERVAL BETWEEN
	1B. CAUSE OF DEATH [Enter only one cause per line f	dr (d), (b), and (c).]	1		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	xungeal +	demai		5 hors
	0011				7/11-3
	2044 DUE TO 1	3			
	Conditions, if any, which ) (b)	Pukemiz			
	gove rise to immediate				
	couse (o), storing the under-				
	lying cause lost. (c)				
1	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
人	PART II. OTHER SIGNIFICANT CONDITIONS CON	Bet - Get - Italian			PERFORMED?
	<u> </u>				YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	). (Enter noture af injury in Part I ar Part II	of item 1B.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. While of wark	JRY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City of	town) (C.	ounty) (Stote)
	Hour o. m. While		tary, street, affice bldg., etc.)	TOWIN (CC	Joney (Jiole)
	p. m. 19 of wark	ot work			
	The second secon		X (6) (6)	2 )	1 .
7	21. I certify that (1) (this haspital) attended	the deceased frame	1960 , ta	5 June 19 le	I, that (I) (we) last
	saw the deceased alive an 13	19 6 ( and that d	eath accurred at 22/0 M, from th	e causes and an the	date stated above
	22o. SIGNATURE		Com accorded an	e causes and an me	22b. DATE
	1 A AV	7	ATTENDING MED	STAFF	SIGNED
31	som to	vorce !	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	13 JUN 63
	22c. PHYSICIAN'S		22d. ADDRESS		
	JOHN A MOORE,	Captain USAF	MC USAF HOSP, ANDR	EWS AIR FORCE	BASE, MD
	23a. BORIAL, CREMATION, 23b. DATE THEREOF 2	3c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATIO	ON (City, town, or county)	(Stote)
	REMOVAE (Specify)	1/2. 1	11.	1/4	, , ,
	DURIAL 16 JUNE 1961	HELINGTON	MATIONAL MEXIN	IGTUN VIRGII	VIA
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGISTRA	R 256. REGISTRAR'S SIG	NATURE
	Tis alli Turerel. Home hue 8,	16 HOt DE.	AT 3- DAYPRAN # 0.201	0 . 0 1	
	The act much spring the 01	16 J. W	2C 2 DATEUN 16'61	Cirklan 8. T.	rus

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH director. Page or your files. oard of Health, e. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest lown) write RURAL and give nearest town) Dead on Riverdale arrival Riverdale NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) Boar for d. STREET ADDRESS e. IS RESIDENCE ON A FARM? etained e State B Leland Memorial Hospital 4804 Oglethorne Street YES NO NAME OF Middle DATE Month Dey Year DECEASED OF (Type or print) DEATH Johanna 19 June Page 5 may be is 1 and 2 with the in 72 bours, after Pe 6th 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. deal d 3 last birthdey) and Months Devs Hours WIDOWED T DIVORCED Female April 16th. 1883 White yrs. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At Home pages 1 Stockholm, Sweden U.S.A. PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Osterberg Inknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Box 183, Mayo, Maryland with none Mrs. Linea H. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN .드 along .= burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (e) should be Office **DUE TO** emoval, Conditions, if env. which "pending" geve rise to immediate cause 'N 0 DUE TO (e), stating the underlying the word "pendin Medical Examiner 0 cause lest. nsed should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO 4 6 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURSO. (Enter nature of injury in Port I or Port II of Item 18.) age 3 show PRIMARY TO or CONTRIBUTING TO MEDICAL EXAMINER: CAUSE OF DEATH. execute the certificate, writing Id be forwarded to the Chief / VERAL DIRECTOR: Page 3 s MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. prior et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be fo DATE SIGNED SIGNATURE designat DEPUTY MEDICAL EXAMINER, TY June 6th., 1961 EXAMINER'S NAME (Type) I. BOYD M.D. 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) MOVAL (Specify) 40 240. REC'D BY REGISTRAR 24b. REGISTRAN'S SIGNATURE A15ME 5M 9/60 DATE JUN 8 arthur S. Thous

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY e. STATE Prince Georges by the and 2 death. Maryland MARYLAND by th and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Pages I Cheverly 18 days Cedar Heights .57 filled d. NAME OF HOSPITAL OR INSTITUTION (if nof in hospital, give street eddress) d. STREET ADDRESS 3pers. Pag 72 hours Place Prince Georges General Hospital 6202 pletely 3. NAME OF 4. DATE First Lest Month 72 DECEASED (Type or print) DEATH Oddi e Hall within June physician and con e remove carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (fn yeers | IF UNDER 1 YEAR | last birthdey) Months Black WIDOWED TO DIVORCED event, Female 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) NOHC None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) attending physician. as been signed by the permit. 18. CAUSE OF DEATH [Enter only one couse on line for (e), (b), and (c), mon Cardio Van Senal de PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if my, which certificate has been geve rise to immediate cause DUE TO (e), steting the underlying the burial, couse lest. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY hospital as 9 use prior CERTIFI 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH detached for the may be retained by me DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work n.m 21. I certify that (I) (this hospital) attended the deceased from 5-25 1961 to 6-13 , 1961, that (1) (we) last pe saw the deceased alive on 6-13 - 1961, and that death occurred at a LON Albom the causes and on the date stated above. plnous SIGNATURE STAFF ATTENDING S e DIRECTOR PHYS. PHYS. UNERAL 22d. ADDRESS Cottage City, Md. 3717 - 38th Ave., J. Hageage George ector, filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24 FLINERAL DIRECTOR'S SIGNATURE

Prince Georges

Day

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Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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IF UNDER 24 HRS.

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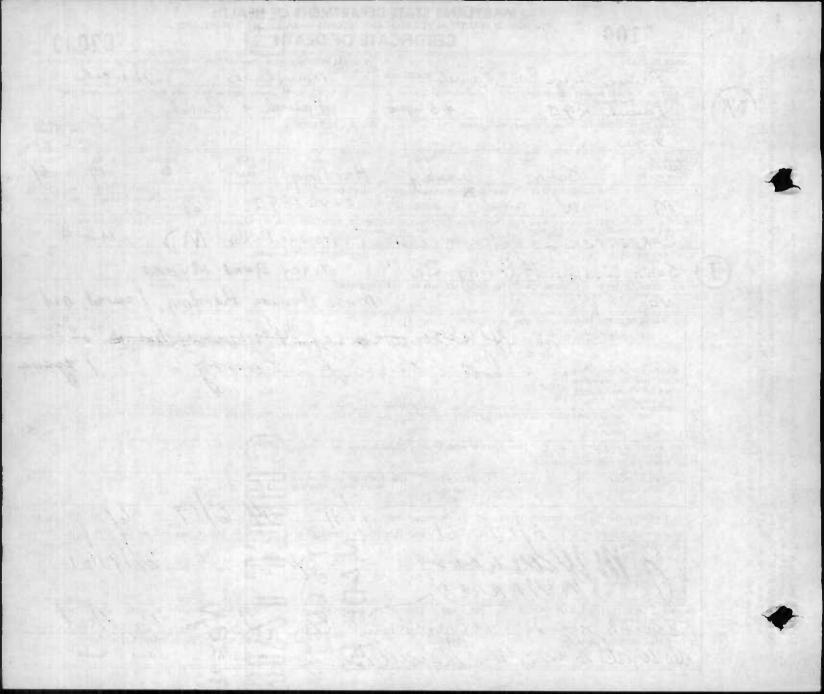
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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)	b	CITY OR TOWN (If RURAL and give new		s, write c. LE	ENGTH OF STAY IN	F	TOWN (If outside	e corporate limi	ts, write RURAL or	d give neares	t town)
(	G	I. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, gi	ive street oddre	ss)	d. STREET A	ADDRESS		( See a		S RESIDENCE ON A FARM? ES NO
		NAME OF DECEASED Type or print)	John	st C	Wesky	Hard,	. (	DATE OF DEATH	Month 6	Day 17	Year 196/
	5. S	EX M	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	2 0	- 1892	9. AGE last b	(In years IF UND month yrs.		UNDER 24 HRS.
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F	3.	John W	Jesley H	ardin	a Sr.	14. MOTHER'S	ARY A	NN N	IVERS		
			IN U. S. ARMED FORG f yes, give wor or dates of se		AL SECURITY NO.	MRS.	Geneva	Haro	ling, Lic	aure/	md.
			TH [Enter anly one country one COUNTY ON THE	(1) 6	(a), (b), ond (c).]	none	Alex	con	an Brown	INTERV	AND DEATH
		Conditions, if an	DUE TO y, which ) (b)	D	nuce	2. 8	- Le	ing	0	7 /	year
		gove rise to in couse (a), stating t lying couse last.	mediate (					1			0
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	L CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCL	RRED. (Enter nature o	of injury in Part I	I or Part II of ite	em 1B.)		
	MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Manth, Day, Yea	While	OCCURRED 20e Not while at work	PLACE OF INJURY factory, street, offic		Of. (City ar town	h) /	(County)	(Stote)
		21. I certify that	(1) (this hospital	attended t	//	om//	1944 d atM,	fram the co			(I) (we) lost ated above.
,		22a. SIGNATURE	1.11/2	460	m	M.D. ATTENDIN		STAF	F_ / /	19/6	22b. DATE SIGNED
1		22c. HYSICIAN'S NAME (Type)	JM,W	ARR	EN	22d. ADDR	E8S				
	230	BURIAL, CREMATION	N, 236. DATE THEREO	- 1	MANUE OF CEMETER	Y OR CREMATORY	23d.	LOCATION (C	ity, tawn, ar count	" Th	(Stop)
	24.	FUMERAL DIRECTOR'S		1	ADDRESS)	121	250. REC'D BY	605	25b. REGISTRAR'S		
	K	se will	wande.	azan	«Lame	1/nd	DATE JUN	23761	Cirling	S. Hour	Ca .



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	LACE OF DEATH	1-			YLAND	o. SIATE Maryla		ere decease	d lived. If institution	on: Residence		mission)
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1	RURAL ond give no	f outside corporate limi earest town)	ts, write	c. LENGTH OF STA	YINIB				orate limits, write R	URAL ond giv	re nearest t	own)
	Cheverly		W. S.	4 wks		Upper	Mar	lboro				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d STREET ADD	RESS				e. IS	RESIDENCE
		orge Gener	al Ho	spital		R.F.D.	. E	34 34	37		YES	FARM?
	NAME OF DECEASED (Type or print)	George	st	Midd Stro		Lost Harr <b>i</b> st	on	4. DATE OF DEATH	June		Day	Yeor
S. 5	EMale	6. COLOR OR RACE	7. MARR	HED PANEOR NAMED	KEK XXX B.	DATE OF BIRTH			9. AGE (In years			NDER 24 HRS
	110.35	White	WIDOW	XXX DEDUCES	KKKK	June 16.	189	2	last birthdoy)	Months D	Poys Hou	rs Min.
10a	. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	30						12. CITIZI	EN OF WHA	AT COUNTRY
m	obacco F	ing life, even if retired	) (	Own Farm		Mary	lan	d		U.	S. A	A .
_	FATHER'S NAME	OT MITTIES		O WILL I CALL		14. MOTHER'S MA						
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		Harrison R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. INFO		ماليا فشال	LZIGO	Add	~		
{Yes	Yes	(If yes rigive mar or dates of s	ervice)				4 hh	00-			0 0 0	Item
	103	******	2.	18-03-23	od u	erena G	TOD	ons .	Harriso:	11-2 am	6 88	TOOM
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Leune (a), (b), and (c)		, AGU	TE	, mo	NOCY T	ic		BETWEEN ND DEATH
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Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT N	OT RELATED TO TH	E TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
N V		Br	ower	10 p weu	mon	14						E-NO [
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	Enter noture of in	jury in 1	Port I or Por	rt II of item 1B.)	SE		7-9
₹ S	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED		E OF INJURY (Hom			y or town)	(Co	unty)	(Stote
MEDICAL	Hour o.m.	19	While of wor	Not while	foctor	ry, street, office blo	dg., etc.	.)				
>	p. m.					10 D C 00		76	6/14	/	/	
		t (I) (this haspital		led the deceased	d fram	470 -	19:	,.ta				) (we) las
	saw the deceas	sed alive an4	114	196_!, an	d that dec	oth accurred a	17-1	M, fram	the causes ar	d an the	date stat	
	220. SIGNATURE	um Dens	1	omace	M.I	ATTENDING PHYS.	1 8	ED. RECTOR [	STAFF PHYS.		4	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Norman	20	NAT BA	neau	22d. ADDRESS 3503 /	Znn	y 5 T	MTRA	unie	n 1	12.
23a	BURIAL, CREMATIO		)F	23c. NAME OF CE	METERY OR	REMATORY		23d. LOCA	TION (City, town,	or county)	(	Stote)
E	REMOVAL (Specify)	6/17/61		Trinit	y Cem	etery		Uppe	r Marlb	oro	Md	•
	FUNERAL DIRECTOR			ADDRESS		IVI CL 1	a. REC'	D BY REGIS		STRAR'S SIGN	NATURE	
F	Ritchie H	Bros.Fun!	1 Ho	me-Upper	Marl	boro	ATE J	JN 29	61 0	rthun g	2	
=										TO THE PERSON NAMED IN	Burnet	

TO FEMERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely wiled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HO VR A1S (4) 1SM 9/S9

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wil

condition than the contract Spanish and the second The new plant of the broad annual field of the state of t The second of the Top second Top is a Simple of the control of the co

FOR STATE director. your retained for he State Board the funeral after with may 2 with Page MEDICAL EXAMINER: This certificate should be executed within 24 hours a in pencil in Item 18. Give Pages 1, Office along with form PM3. Page pages File permit. Office along with burial-transit p "pending" ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a 0 cremation, burial 5 prior agent, I designated EPUTY 0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George County Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give naarest town) Cheverly Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 54th. Avenue YES NO Avenue NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) Frank DEATH Hauser June 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bartender Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Hauser Mary Woll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyasgivewarordatesofsarvica) Unknown 836 Highland, Ave. : Pittsburg Edward Berry: 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** (15) geve rise to immediate ceuse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO TI 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection V and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type), Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Mc Keesport. Burial June 17 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME W.W. Chambers Co.; 5801 Cleveland Ave: Riverdale, 5M 9/60 DANUN 15 '61 Withing & House

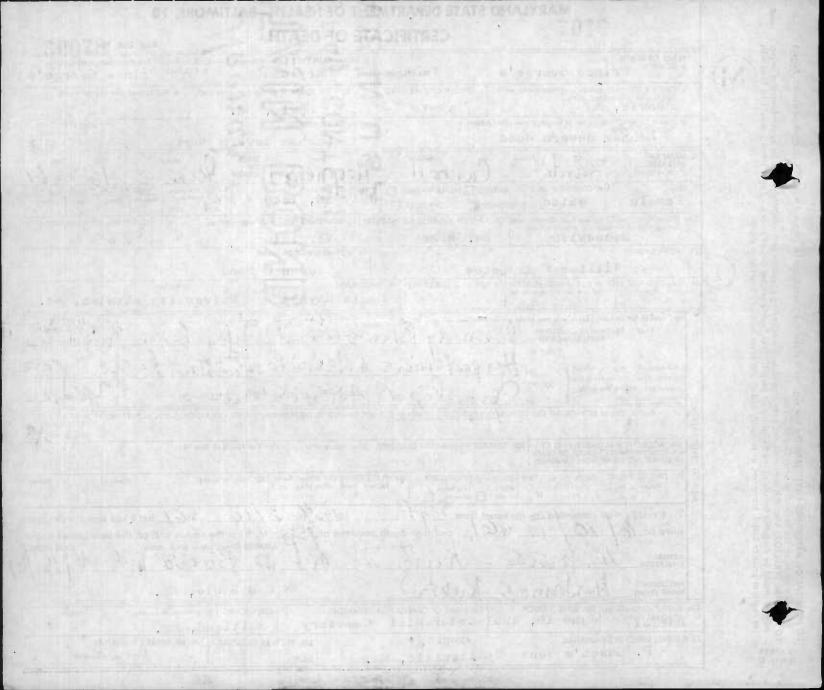
RYLAND STATE DEPARTMENT OF HEALTH

the fighteen and the three transfers and the second Prince George County and a second social and a 2002 3450 4 600 House, 13, 14 Nov. 1, 1873 . . . . . . . . . . . es in a sint marketill ev Johnson Ack remas brands and wast Burkel His June 17, 1961, St. Mayer County and His Hoteley Prowere the second of the state of the state of the second of

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e law r	physicic	as been	al-trons	aval, or
AN: Th	nding	icote ho	he buri	or rem
HYSICI	ar otte	s certif	use os t	nation,
DING P	ospital	After thi	ed for t	al, cren
ATTEND	by the h	TOR: /	detach	to buri
IL OR /	tained b	L DIREC	onld be	r prior
OSPITA	Fre rel	MRAI	of 3 sho	registro
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death: Page 4	MOT.	TOR	pag	t pe
1	SM	A15	1/5	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7107
CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** Reg. Dist. No. 7000

1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMARYLAND b. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bowie, Md	c. LENGTH OF STAY IN 1b 7 years	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  **Bowie, Md.**
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Severn Road	oddress)	d. STREET ADDRESS Lanham Seyern Road  e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) 3ai(4	Carroll	HALINES 4. DATE OF Month Day Year OF DEATH SCHOOL 19 6
female white WIDOWE	DIVORCED	8. DATE O BIRTH July 16, 1886  9. GE (In years of lift UNDER 1 YEAR IF UNDER 24 HE was birthday) 74 yrs.    IF UNDER 1 YEAR IF UNDER 24 HE was birthday)   Manths   Days   Hours   Min.
	KIND OF BUSINESS OR INDUS	Virginia USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
William F Rippe		Susan C Bond
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give wor or dates of service]		Louis Haynes University estates, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  (b)  DUE TO  (c)	perfensive	Attenville vie Host Pislase year
CATI	ONTRIBUTING TO SEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES \( \sum \) NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	ED. (Enter nature of injury in Part I ar Part II of item 18.)
Haur a.m. While	JURY OCCURRED Not while of work	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State polary, street, affice bldg., etc.)
21. I certify that I attended the decease of the office of	The state of the s	h occurred of 186 M, from the causes and on the dote stated about the ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGN
PHYSICIAN'S HIJONNES	Korto	R F D Bowie, Md.
	22c. NAME OF CEMETERY OF Cedar Hill	Cemetery 22d. LOCATION (City, town, or county) (State)  Suitland, Md.
23. FUNERAL DIRECTOR SIGNATURE  F. Gasch's Sons Hy	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



ath the funeral director. Page by the funeral director. Page by be retained for your files. Ith the State Board of Health, permit. File pages 1 pieze execute the certificate, writing the word "pending" in pencil in Item 18. Give a should be forwarded to the Chief Medical Examiner's Office along with form TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File or its designated agent, prior to burial, cremation, or removal, and in any event

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

71	8 WEDIC	AL EXAMINER	S CERTIFICA	TE OF DEATH		0709	94
1. PLACE OF DEA	ТН			NCE (Where deceased lived, I		lence before	admission
Pı	rince George's	MARYLAND	o. si Distri	ct of Columbia	a A		1
b. CITY OR TOWN	(if outside corporata limits, nd give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, wr	ite RURAL end giv	ve nearest to	wn)
Cheverly		D. O. A.	Washin	gton	47x	. 3	
d. NAME OF HOS	PITAL OR INSTITUTION (if not in	hospital, giva streat address)	d. STREET ADDRESS				RESIDENCE
Prince Ge	corge's General	Hospital	2506 33r	d Street S. E.		YES	A FARM?
3. NAME OF DECEASED	First	Middla	Last	4. DATE Mon		ay Ya	-
(Type or print)	Joseph		edberg	DEATH Jur	ne 2,	19	61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthdey)	IF UNDER 1 YEA		R 24 HRS.
Male	White wind	OWED DIVORCED	April 14, 19	01 60 yrs.	Months Days	s Hours	Min.
10a. USUAL OCCUPA	ATION (Give kind of work	b. KIND OF BUSINESS OR INDUS	كالسيكات فكالمستواوات فبالأ		12. CITIZEN	OF WHAT	COUNTRY
Printer	working life, avan if retirad)	Retired	Sweden		77	S. A.	
13. FATHER'S NAME		200200	14. MOTHER'S MAIDEN	NAME	0,	D. A.	
Unknow	m		Unknown				
	EVER IN U.S. ARMED FORCES?		INFORMANT	Addre	is .		
No.	(If yas giva war or dates of servica)	081-10.7620 N	Ars Hildur S.	Hedberg come	as # 2		
18. CAUSE OF	DEATH [Enter only one cause	par lina for (a), (b), and (c).)	and Indiana Da	TICHOTE SOME		INTERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (e)	Acute congestiv	me heart follow	failura	9	ONSET AND	DEATH
1120		120000 0011505011	NO TICCH O AND	TOTTUTO			-
Conditions if a	DUE TO	Composer boost	di conce				
Conditions, if as	diale cause	Coronary heart	ursease				
(e), sleting the	underlying DUE TO						
cause lest.	(c)	CONTRIBUTING TO BEATH BUT	LOT DEL . TED TO THE TENL	MALA DISTACE COMPINION OF			
PAKI II. OIH	EK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT KELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(e)		ORMED?
3						YES _	NO F
PART II. OTH  20a. EXTERNAL PRIMARY Or O	ONTRIBUTING []	ESCRIBE HOW INJURY OCCURED.	(Enter neture of Injury in Pe	rt I or Pert II of item 1B.)			
20c. TIME OF IN			LACE OF INJURY (Homa, far		(County)		(Stete)
Hour e.m.	al	While Not While twork at work	actory, street, office bldg., at	c.) ;			
		remains described above, I	held an Autopsy .	Inspection x, Inqu	iry 🗙 ar	nd in my o	opinion
death resulted	from: Natural causes	X, Accident . Sui	icide , Homicide	, Undetermined	manner		
(			CHIEF MEDICAL				
ACTUAL SIGNATURE	James	Il do	ASSISTANT ME	DICAL EXAMINER		DATE SIG	GNED
EXAMINEDS		to he had the	DEPUTY MEDICA	AL EXAMINER 🙀	6/2/61	100	
NAME (Type)	James I. Boyd			city, town, or county)			-
22a. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tow	n, or country)	(Ste	ele)

VS. A15ME

5M 9/60

Cremation
23. FUNERAL DIRECTOR

6.5.1961

Lee's.Crematory

Washington. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

JUN 2 0 '61 Clothing S. Kraus Lee. Funeral Nome 300.4th st N E Wash. D Cx

alegion office . In James Grant Brief 2020 Louis Lorent De lagrace assiri The Later Manual Control of the Cont The Mark States S. Bothers, and car Total in the Live to the transfer wee, wanerel wome 300. Ata St H E wash, Dit.

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TOTAL OF MILENDING FILE STORY IN THE LINE LOSIN CONTINUES BY WHITE A HOUR SHEET	Page 4 may be retained by the hospital or attending physician.	Z TO RINERAL DIRECTOR: After this certificate has been signed by the attending physician and contibletely filled in by the funeral	ctor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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7 7	VP	HA	5	(4)	
	15	M S	9/6	0	

DIVISION O	- C-A-10-10A		ND STATE D	EPARTMENT					I A NID	
DIVISION O	F STATISTICA		CERTIFICAT	E OF DEAT		T, BALTIMO	)KE 1, /	NAKY	LAND	
PLACE OF DEATH	10.9			2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)						1
a. COUNTY				a. STATE	ENCE (Where	deceasad livad, If b. COUN		Residen	če before a	dmission)
Pı	rince Geor	ges	MARYLAND		D. C.					/
b. CITY OR TOWN (if write RURAL and g	give naarest town)	ts, c. LE	yrs., 10 m		N (If outsida co	rporate limits, write	RURAL a	nd give	naarest tow	n) X_
Henn Dale		38	29 dáys	d. STREET ADDRE	Washi	ngton			1 1/2 0	ESIDENCE
d. NAME OF HOSPITA	d. SIKEEI ADDKE						A FARM?			
Glenn Dale Hospital					th St.,			YES	NOTO	
NAME OF First Middle DECEASED		Last	4. DATE	Monti	1	Day	Year			
(Typa or print)		llman	-	Hinson	DEAT	н 6		12	196	1
. SEX	6. COLOR OR RACE	7. MARRIED N	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)			IF UNDER	
Male	White	WIDOWED	DIVORCEDED	10/5/06	1000	5), yrs.	Months	Days	Hours	Min.
Da. USUAL OCCUPATIO	N (Give kind of world	10b. KIND OF	BUSINESS OR INDUST	RY   11. BIRTHPLACE (C	ounty & State,	or foreign country)	12. CI	TIZEN O	F WHAT C	OUNTRY?
dona during most of work  Tron worker		Self-	-employed	S. C.			U	SA		
3. FATHER'S NAME		1 00 22	0-1-1-0	14. MOTHER'S MAID	EN NAME					
William M. Hinson Nettie Folson  Was deceased ever in U.S. Armed Forces?   16. Social Security No.   17. Informant Address										
res, no, or unkown) (Ify		arvice)	4 01 - 4			Audias				
	923 - 1924		16-8415	Decedent						
18. CAUSE OF DE	WAS CAUSED BY:								TERVAL BET NSET AND I	
	AMEDIATE CAUSE (a)	Pulmena	ry toe., 18	ar advanced				3	yr.	6 mo.
1002	DUE TO									
Conditions, if any,	which (b)									
gave risa to immadiat	le ceusa									
(a), stating the unc	darlying									
PART II, OTHER S	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a)   1	9. WAS A	UTOPSY
Cor pulmo	nale; puli	n. emphys	ema; sever	e coronary a	atheros	clerosis	with	160	PERFO	RMED?
ogolusion	of dista	portion	left coro	nary artery	(termi	nal)			123 4	NO [1
OR CONTRIBUTING [	CAUSE OF DEATH	200. DESCRIBE P	10W INJURY OCCURE	D. (Liner natura of injury	III raii i oi raii	11 01 11011 10.)				
		1								15:
20c. TIME OF INJUR	Y Month, Day, Ye			ACE OF INJURY (Home, tory, streat, office bldg.,		ity or town)	(Co	unty)		(Stata)
p.m.	19		at work							
21. I certify the	at (I) (this hospi	tal) attended t	he deceased from	7/11/	- 1858, to	6/12/	19	61.	hat (I) (	we) last
saw the decease		6/12/	19 61, and tha	t death occured at	P. M. fro	m the causes	and on	the di	ate state	above.
22a. SIGNATURE	17. /	A	,							DATE
	Mure 11	Mins		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			6/20	SIGNED
22c. PHYSICIAN'S		VOIL	/	A.D. PHYS.				-	0/12/	01
NAME (Type)	Moe Weis	s, M. D.				Dale Ho		IT.		
OUDIAL CREALATIC	IN LOSE DATE THE	102	NAME OF CEMETERY	OP CREMATORY		CATION (City, to		ntv1	15	tete)
REMOVAL (Spacify)	N, 2304 DAIL THE				11/2	541 0167	3 41 2	FC	(3	0.0)
	0/14	10116	WGRESSIO.	40.1	10//	274770370	,,,,		·	
FUHERAL DIRECTOR'S	SIGNATURE	al Lise	ADDRESS 1 6 H	12 1 2So.		ISTRAR 25b. RE		. 11.		
1741310		NE ) 1	. 01-11	DATE	MUN 15	61 6	in the state of	S. The	aud	

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07096

a. COI	of DEATH UNITY nce George's		MARYLAND	2. USUAL RESIDED STATE Marylan		re deceased	lived. If instituti b. CQUNTY Prince				sian)
b. CITY	Y OR TOWN (If outside carporate (AL and give nearest tawn)	limits, write	c. LENGTH OF STAY IN 16	1		tside carpor	ate limits, write R				n)
	verly		Life	Kentlar	nd	3	3	984			
d. NA	ME OF HOSPITAL (If not in hospite INSTITUTION	_	address)	d. STREET A		Chanad				ON A	SIDENCE A FARM?
	nce George's Ger			7629 Ir							] NO [X]
3. NAME DECEA (Type of		Hood	Middle	Las		4. DATE OF DEATH	Jun		Do		Year 19 <b>61</b>
5. SEX	6. COLOR OR RA	CE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	4	7-33	9. AGE (In years last birthday)	-			ER 24 HRS
Fem	ale White	WIDOW	ED DIVORCED	June 23	, 1961		yrs.	Manths	Ja.	Haurs	Min.
10a. USU	AL OCCUPATION (Give kind of we	ork dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State a	ır foreign ca	untry)	12. CIT	IZEN O	WHAT	COUNTRY
	mg most af warking life, even if ret	ired)	None	Cheve	rly.	Md.				USA	A
13. FATHE	None - Infant R'S NAME		2.0220	14. MOTHER'S							
Don	ald Hood			Tmle	Fay S	ime					
15. WAS	DECEASED EVER IN U. S. ARMED			NFORMANT			Add				
(Yes, no. or	Unknown) (If yes, give wor or date	s of service)	None Do	nald E. H	lood,	7629	Inwood S	t., Ke	ntla	ind,	Md.
118 (	CAUSE OF DEATH [Enter anly and	e course per li	the for (a) (b) and (c) ]				= 1		LINT	FRVAI R	ETWEEN
10.	PART I. DEATH WAS CAUSED 8	/	To for (o), (o), and (c).	10.16	1.	100	10.1	- 01	ONS	SET AND	DEATH
	IMMEDIATE CAUS	E (a)	englan! The	- (41)	W.	(	Luni	DCL	( Ola	0	-
	1010	ТО	0								
	nditians, if any, which )	(b)							-		
caus	se (a), stating the under-	TO									
	g cause last.	(c)									
0	PART II. OTHER SIGNIFICANT C	CONDITIONS	CONTRIBUTING TO DEATH 8U	T NOT RELATED TO	THETERMIN	IAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a)   1	PERF	ORMED?
2		Lani								YES 🔀	] NO [
O (IF EI	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA THER, NOTIFY MEDICAL EXAMINI	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature a	finjury in Po	art I ar Part	11 af item 18.)				
WEDICAL 20c. I	TIME OF INJURY Manth, Day, Haur a. m. p. m.	Year 20d. I While at war	Nat while fo	LACE OF INJURY (I actory, street, affice		20f. (City	ar tawn)	(	(Caunty)		(State
21.1	certify that (I) (this hasp	ital) attend	ded the deceased from	June 23.	106	1 . ta	June 25,	196	1 , th	at (I)	(we) las
	the deceased alive an			death accurred	10820	M fram	the causes ar	d an th	e date	state	dabave
	SIGNATURE	/	Januaria indi	deall decorred	J 01	ri, iraiii	me cooses ar	G GII III	- daie		2b. DATE
18	ulus Jan	ffm.	m,	M.D. PHYS.		D. ECTOR	STAFF PHYS.				SIGNED
	PHYSICIAN'S			22d. ADDRE							
	Julius Ke	auffmar	1, M.D.	5102	Annapo	olis R	load, Bla	dens	burg	, Mo	1.
23a. 8URI	IAL, CREMATION, 23b. DATE THE	EREOF	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCAT	ION (City, tawn,	ar caunty)		(Sto	ite)
REM	OVAL (Specify) 6/28/1		Cedar Hill C	emetery		Suitle	and Rd.P	r.Geo	.Co.	, Mo	d.
-	RAL DIRECTOR'S SIGNATURE	1	ADDRESS	# 11000	25a. REC'D	8Y REGIST	RAR 25b. REGI	STRAR'S S	IGNATU	RE	
1	V.W. Chamb	eus C	o Inc. 517-11	msts.E	DATEJUN	2 7 '61	1 ch	inn S.	tran	A	

TO HO TO FO VR A15 (4) 15M 9/59

		AT STORY IN COMPANY		
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			a bullion could	
The St. India.			and more	
	fig. 19 aut 1 a		Foralto 1 vibile	
	St. World St.		materia-regul	
	will valuated		Land CIR LE not	
, alima, et bom	mitter, texast . S. by account			
	Company (55 more)	Jan 25 emile		
And Administration and		till continue	and fails	
			9.5 Try 11.70	

ON INTERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ed within 24 hours after SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

10 OH

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

6777		07007
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased livad, If Institut	tion: Residence Defore admission)
a. COUNTY	a. STATE b. COUNTY	
Prince George MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	Maryland Princ c. CITY OF TOWN (If outside corporete limits, write RUR)	e George
write RURAL and give nearest fown)		and give neares lowing
Mt. Rainier	Mt. Rainier	PY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
4602 Russell Ave	1602 Puggoll Are	YES NO
3. NAME OF First Middle	4602 Russell Ave	Dey Year
DECEASED	OF	
(Type or print) James William M	offman   DEATH June 30	1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B.	. DATE OF BIRTH 9. AGE (In years IF UN	
The same of the sa	last birthday) Mon	fhs Days Hours Min.
Male   White   WIDOWED X   DIVORCED   10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTRY	8/15/ 1873   87 <sup>yrs.</sup>   Y  fl. BirthPLACE (County & State, or foreign country)   12	2. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if retired)		
Retired   Carpenter	D. C.	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Walliam C Haffman	Acros B Chohan	
William G. Hoffman  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. ELECTRICAL SECURITY NO.   17.	Agnes B. Shehan	
(Yes, no, or unkown) (!fyesgivawarordatesofservice)		
218-01-2749aMr	s Marie Ashford	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	mulocope	1-2 Hour
IMMEDIATE CAUSE (a) Corection 1 2000	,00000	1 = 1/641
332 X DUE TO O O O O	erroseleroses	
Conditions, if any, which \ (b) Cerebral Cerl	Irroseleroses	YEARS.
gave rise to immediate ceusa		
(a), stating the ungariying		
ceuse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
NONE		YES NO
E 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in Part I or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO    CONTRIBUTING TO DEATH BUT NO    20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED,  OR CONTRIBUTING   CAUSE OF DEATH    IJF EITHER, NOTIFY MEDICAL EXAMINER		
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While fector of work 19 et work 19	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1050 . //20	10// 11 -1 /1) /> 1
21. I certify that (I) (this hospital) attended the deceased from		, 194., that (I) (we) las
saw the deceased alive on	death occured at	on the date stated above
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE
La James Viela M.	PHYS. DIRECTOR PHYS.	une 30 1961
22- BHYSICIANIS	22d. ADDRESS	w.c /c _/c_
NAME (Type)C. James Duke	6607 Riverdale Rd, Ri	bw alchray
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		
Burial 7/3/1961 Mt Olivet	Bladensburg	I)(d
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
		ug S. France
Lee Funeral Home 300 4th, St.N.E.	D.C. DATE JUL 5 '61 anil	

agreed sentine Coorga delater .th SWA IFOSEME SOAL 4602 Mussell Ave Of anit Time Total Militar Remain Marie Aller alle Agrees D. Thedan THATTER O HELLING Andrea aless opening and 1961 Of part I was a second of the second of Su santagas Est Las Tuperal Home 360 Ath, St.M.I. D.C. Willes at Strain I want

TO COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be of the death within 24 hours after it. Page 4 may be retained by the hospital or attending physician.

Year A may be retained by the hospital or attending physician.

Year A may be retained by the hospital or attending physician.

Year A may be retained by the hospital or attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition.

DIVISION OF STATISTICAL	MARYLAND STATE DEPARTMENT OF HEALTH	
7112	MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	ALTIMORE I, MARYLAND 07098
ACE OF DEATH	2. USUAL RESIDENCE (Whare dacease	d lived, If institution: Residence before admissi

4117	CARTILITY.	- OI PIAIII	g 105	
1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (Wha		Residenca before admission)
TRINCE GEO.	MARYLAND	a. STATE D. C	b. COUNTY	/
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporete limits, write RURAL en	d give neerest town)
write RURAL and give nearest town)			NGTON	1178-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	nital give street address)	d. STREET ADDRESS	16162	a. IS RESIDENCE
# 1.70 1 mm n 1 1 1	. 11 -		· ····································	ON A FARM?
CHEVERLY NURSING		200 WA	KNUT JI.	YES NO
3. NAME OF DECEASED (Type or print) LIDIE	Middle	Hughes 1. DA		3 196/
5. SEX   6. COLOR OR RACE   7. MARRIE	D NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years   IF UNDER 1	.,,
FEMALE WHITE WIDOWE		oct. 21, 1873	Look high Jones Committee	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	The state of the s		IZEN OF WHAT COUNTRY?
HOUSE WIFE 47	- Home	MARLINGTO	N, MD, L	1,5,A,
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
CHARLES HAWKI	NS	SARAH	JONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unkown)   (Ifyesgive wer or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	9. St. S.E
No		Greta Cin	14 - 1/3	4. 31, 310
1B. CAUSE OF DEATH [Enter only one ceuse per l	ine for (a), (b), and (c).)		A /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	relatel	The president	14	ONSET AND DEATH
	work	, account	<b>V</b> - <b>V</b>	24.00
DUE TO	en la mo	alexenion	a Ona Asi	5 cm
Conditions, if eny, which geve risa to immediate cause	ruvial	O CACCO	ereces.	2 703.
(a), stating the underlying DUE TO				
ceuse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
CA				YES NO
20a, ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or P	ent II of item 1B.)	
Z 20c. TIME OF INJURY Month, Dey, Year   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm,   20f.	(City or town) (Cou	nty) (Stete)
20c. TIME OF INJURY Month, Dey, Year 20d. While Hour a.m. While et work	Not Whila fact	ory, street, office bldg., etc.)	A (COD)	(3(8.8)
21. I certify that (I) (this hopital) attend	ded the deceased from	Mars 29 106/	to June 2 19	0 ( that (1) (wa) last
7		death occured at I P.M.		Of, that (I) (we) last
saw the deceared alive on	).(19.97, and that	death occured ars	from the causes and on t	
226. SIGNATURE MOST	16/100 /	ATTENDING MED.	STAFF	22b. DATE SIGNED
22c. PHYSTCIAN'S	verga M	.D. PHYS. DIRECTOR	PHYS.	6-3-61
NAME (Type	and	22d. ADDRESS 463	1 EASTERNA	+VX
DAMOEL OU	GAR	VYA	14x 16, DC	
23a, BUDIAT, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY	OR CHEMATORY 23d.	CATION (Olty, town or county	mil.
24 FUNERAL DIRECTOR'S SIGNATURE	DDRESS A	25e. REC'D BY RE		SIGNATURE
1 1 1 1 1 1 1 1	No ale	e. DATE JUN 7	'61 arthug S.	
The france Tone	Man. 1	DATEGOR	Corona S.	/ Chiuna

I PAR ANNI CHE CALL LAND AS THE STATE Final Control of the Britain Charles 10.5 The JE CATE STATE OF THE I) CHANGES MORNING EXCT. CHELLINGS TO THE Centrale Mengen Barry 13 18 Sweet . The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	1110		CEKIIF	ICAIE	OF DEA	IH		U	033
1. PLACE OF D o. COUNTY	Prince Geo	orges	MARY		. CTATE	E (Where deceasery Land	b. COUNT	ion: Residence be	fare odmission)
b. CITY OR RURAL on	TOWN (If outside corp id give nearest town) Cheverly		c. LENGTH OF STAY	IN 16	1 -1 -	N (If outside corpeenbelt	porote limits, write	RURAL and give r	nearest town)
OR INSTI	F HOSPITAL (If not in I		oddress)		d. STREET ADDRI	ess D P <b>arkw</b> a	y Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prid		First rguerite	Middle	Hu	lost rder	4. DATE OF DEAT	_		Day Year 19 <b>61</b>
s. sex	ale White	OR RACE 7. MARR			13 June		9. AGE (In years lost birthdoy) 66 yrs	Manths Day	
Non	st af warking life, even	if retired)	KIND OF BUSINESS O	45.4	Kenn	siffra	nin	L.C.	S A
13. FATHER'S N	Larine	. moy	ler/		. MOTHER'S MAI	res	much	l	
15cWAS DECE (Yes, no, or unknown	wn) (If your give wor	MED FORCESO 16.	SOCIAL SECURITY NO.	17 INFOR	pital	Recore	de - Ĉi	Teresly	md-
Condition gove ricause (a) lying con		DUE TO  (b)  DUE TO  (c)	diel diel	relic	lom			<i>a</i>	NTERVAL BETWEEN NEST AND DEATH 2 Ways.
OR CONTI	DENT WAS UNDERLYING CAUSE C	NG 20b. DES	CRIBE HOW INJURY OF					VEN IN PAKI I(d	PERFORMED? YES NO
₹ 20c. TIME (			NJURY OCCURRED  Nat while  k at wark		OF INJURY (Home , street, office bld		ity or town)	(Count	ty) (Stote
saw the	deceased alive	1/1	ded the deceased19 <i>bl.,</i> and			19 6/, to			that (I) (we) los
22o. SIGN	SI	kus W	redals	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNEI
	Dr. H W	lodak. M.	D.		22d. ADDRESS  Gre	enbelt.	, Md		
23a. BURIAL C REMOVAL	REMATION, 236. DA'	TE THEREOF	23c. NAME OF CEMI	Lord	EMATORY	23d, 190	ATION (City, town,	brane	(State)
24. FUNERAL D	irector's signatur each a Sin	s Hyr	Usville	-md	time	REC'D BY REG	104	SISTRAR'S SIGNA	

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. retained by the haspital or attending physician. TO FO VR A15 (4) 15M 9/59

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

haurs after death. Page 4

HINGTON SASSISTAN SETTION TO BE THE PERSON OF THE PERSON Tail said Drawing by their wards. in. Francis ...

VR A15 (4) 15M 9/59 7711

MA	RYLA	ND	STATE	<b>DEPARTM</b>	ENT OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07100

_		
1.	PLACE OF DEATH O. COUNTY FINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) a. STATE b. COUNTY mongonery
	b. CITY OR TOWN (If outside corporate limit), write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR/INSTITUTION Levand Memorial Hospital	d. STREET ADDRESS Liskelen Lane e. IS RESIDENCE ON A FARM?  YES NO X
3.	NAME OF DECEASED (Type or print) Baby C, -/	Jensen 4. Date Month Day Yeor DEATH 6 - 15 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  6-/5-6/  9. AGE (In years lost birthday)  yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10	<ol> <li>USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)</li> </ol>	USTRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7	Thomas John Jensen	Ethel May Macurdy
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service)	INFORMANT Address
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: MANEDIATE CAUSE (0) Responsitions	Emboran
	Conditions, if any, which)	
	gave rise to immediate cause (a), stating the under-	
	lying couse lost. (c) I make	word. Cy
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of the other of the other work was the control of the other work was the control of the control	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram	16-15 12 Pangel, to 6-15 11-1 1961, that (1) (we) last
		death accurred at 11.2.M, from the causes and an the date stated above.
+	220. SIGNATURE	M.D. PHYS. MED. STAFF PHYS. D STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) & HARLES 4045 I	Hospital
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify)  BURIAL (Specify)	OR EDEMATORY 23d. LOCATION (City, towns or county). (State)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND LIFE LINES	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE: UN 2 0 '61 Classing & Hand
4	/ James - Journe	DATESUN 2 U 01 CINELLAN S. Thank
i	076/9/XV/	

DATE OF THE PARTY The state of the second wants Themself that there seems that thereadly

### AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY a. STAT Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) director. write RURAL and give nearest town) D.O .A Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 4720 Homer Avenue 3. NAME OF 4. DATE Middle DECEASED Oliver Tampion Garratt (Type or print) DEATH age 5 may be 1 and 2 with t 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH Male August 11. 1902 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) Pages 1, Page 1 done during most of working life, even if retired) Paper Hanger Decorating Maryland PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jammes Landon Item 18. Give with form P. permit. File p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). l-transit p PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Office DUE TO burial Coronary heart disease (b) gava risa to immediate cause O DUE TO (a), stating the undarlying Examiner 0 causa lest. CERTIFICATION Medical Ex 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Chief age 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) age to bu 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour a.m. 00 at work at work prior p.m. OR: 21. I certify that I took charge of the remains described above, held an Autopsy a forwarded to AL DIRECTO Natural cause Accident Suicide Homicide death resulted from: should be forward by FUNERAL DIT ACTUAL SIGNATURE **EXAMINER'S** ames I. Boyd NAME (Type) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40

VS. AISME

U.S.A. Dora Viola Garratt 4503 Brookes Drive S.E. Washington 23. D.C. Mrs Charlotte Vaucht. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20f. (City or town) (County) (Stete) Inspection T Inquiry X and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d ALOCATION (City, town, or country) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

b. COUNTY

Month

Jime

Months

last birthdey)

Prince George's

e. IS RESIDENCE ON A FARM?

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

19.

Devs

YES NO DE

61

at your contract

- victoresi

Mole Matte

A. O.d.

Sun blend

Line Lynn March

Entition Contests Concernil Hogeltel 4720 House, hears

and white

Littinge Caprice! as

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Borigini midencoel Togett Zaget

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Soon Brooken Brive L.

SIGNATION IN Cherlotte Vandit, Wed ington 23, 1.0.

Acide conventive ment feller or or to the state of

Jenes I. Royd

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7116 CERTIFICATE OF DEATH 07102

		PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased livad, If		e befora admission)				
-		Their was Caseman	MARYLAND	Marv		Prince G	0.000.00				
	ı	c. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	LENGTH OF STAY IN 16		If outside corporeta limits, wri						
			11 days	36 Lanha	מו כ						
A		Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita	l. give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE				
À			, , , , , , , , , , , , , , , , , , , ,				ON A FARM?				
1		PrinceGeorges General Hos	nital	5920	Prince Garder	Plany	YES NO X				
	3.	PrinceGeorges General Hos	Middle	Last	4. DATE Mon!		Year				
-1		DECEASED (Type or print)			OF DEATH		10				
		Joseph	I	anham		IF UNDER I YEAR	19 61				
	5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers lest birthdey)		IF UNDER 24 HRS.				
		- WIDOWED I		Il June 19		Months Days	Hours Min.				
			OF BUSINESS OR INDUSTR		ty & State, or foreign country	1 12. CITIZEN OF	WHAT COUNTRY?				
	do	ne during most of working life, even if retired)	OT DOSINEDS ON HADOUR	Maryland		US					
		Retired CApital Air	lines	and J active		- 0	48				
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN							
		Stephen C Lanham		Margaret	Paldwin						
N	10	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	CIAL CECUDITY NO. 1 17 T	NI CONTRACTOR	Addres						
人		s, no, or unkown) (If yes give wer or dates of service)	CIAL SECURITY NO. 17. 1	NIORMANI	Addles	is .					
		no		Anna Lanhan	Lanham Md						
		18. CAUSE OF DEATH [Enter only one ceuse per line	for (e), (b), end (c).]	- CITALOR		INT	RVAL BETWEEN				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Multip	le Pulmonary	Emboli		ON	SET AND DEATH				
		1529 DUE TO Uremia and Electrolyte Imbalance									
		Conditions, if eny, which (b) Renal Infarction secondary to infarction of left									
		geve rise to immediata cause			III OT COTON OT .	2020					
		(a), steting the underlying DUE TO		artery.							
		ceuse last. (c) Intest:	inal Obstruct	ion secondar	y to adhesion	S					
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(e) 15	WAS AUTOPSY				
	티	Waliament Consined tumos	a of the Cwell	1 Totastina		,	PERFORMED?				
	CERTIFICATION	Malignant Carcinoid tumor	BE HOW INJURY OCCURED		Don't Law Pout II of itom 19 1		IS LA INO LI				
-	RTIF	OR CONTRIBUTING (1) CAUSE OF DEATH	BE HOW INJURY OCCURED.	(thier neture of injury in	ren i or ren ii or iiem ip.,						
	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
	Y.	20c. TIME OF INJURY Month, Day, Yeer   2Dd. INJ		CE OF INJURY (Home, fern		(County)	(Slata)				
	MEDICAL	Hour a.m. While	THOI WILLIAM	ory, street, office bldg., etc	.)						
	ME	p.m. 19 et work	at work	- The second sec							
		21. I certify that (I) (this hospital) attended	d the deceased from	1 - 1	1960, 106. n. 6	9, 19.Ca/, tl	nat (I) (we) last				
		saw the deceased alive on		,							
			and mar	degili decal en alag		0.10 0.1 1110 00	22b. DATE				
		22a. SIONATURE	0)		MED. STAFF		SIGNED				
		1000	M (		SIRECTOR PHYS.						
		22c. PHYSICIAN'S		22d. ADDRESS							
		Dr. A Deitz , M.I	).	Hyat	tsville., Md						
	22-		3c. NAME OF CEMETERY		23d. LOCATION (City, to	own or county)	(State)				
		REMOVAL (Specify)			y Lanham Md						
(	Bu	rial June 9, 1961	william rie chou								
}	24	NUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REG	C'D BY REGISTRAR 256. R	EGISTRAR'S SIGNAT	URE				
1		. Gasch's Sons Hyattsy	ille, Md.	DATE 1	UN 1 2 '61	0 4					
		a sactsv	TITE, Md.	127112	UM LA VI	- S. Ken	w.				

TO POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be every defining 24 hours after the page 4 may be retained by the hospital or attending physician.

Yes a complete the page 4 may be retained by the hospital or attending physician.

Yes a complete the page 5 may be retained by the attending physician and completely filled in by the funeral control, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

EL TOTAL TOTAL monit the farings - berline all the language The surface suntage areas Model communication of the standard FORES DENOTE Intentional Charage and a conductive of the conduction 100 20 -00 AND CONTRACT dune 9, 1981 Lander Sethodist Cometacy Lamite 14. . in , siller sage more at some

de JEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be even devithin 24 hours after de Jea 4 may be retained by the hospital or attending physician.

C. INERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O.p. VR A15 (4) 15M 9/60

within 24 hours after

### MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION 07103 CERTIFICATE OF DEATH

1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George MARYLAND	Maryland Prince Georges
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 16	#c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
write RURAL and give nearest town)	40
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	5711 Newton St. YES NO
3. NAME OF First Middle Middle	Last 4. DATE Month Day Yeer OF
(Type or print)	DEATH - 10
	ewis June 9 19 6]  B. DATE OF BIRTH   9. AGE (In yeers   IF UNDER YEAR   IF UNDER 24 HRS.
WARRIED K HETER MARKIED	lest birthdey)   Months   Days   Hours   Min.
Male White WIDOWED DIVORCED	22 Nov 1901 59 yrs.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Mgr. News stand	Washington D C.
13. FATHER'S NAME	Washington D. C.
Joseph Lewis	Wanter
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Emma Horton INFORMANT Address
(Yes, no, or unkown)   (If yes give wer or detes of service)	
7/0.09.7093 M	ary Lewis. 5711. Newton st Cheverly. d_
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary E	ldema
420.1 DUE TO	
	on(left anterior descending)
geve rise to Immediate ceuse	21(2020 001002 00000111215)
(a), stating the underlying DUE TO	No. of the standard of the sta
	sclerotic Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
E C C C C C C C C C C C C C C C C C C C	YES X NO
	D. (Enter neture of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   2De. PL.	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour a.m. While Not While fac	ctory, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital), attended the deceased from.	6/9 19.67 to 6/9 19.61, that (I) (we) last
saw the deceased alive on 6/9 19.0/, and tha	at death occured 6,50M, from the causes and on the date stated above.
22a, SIGNATURE	22b, DATE
Passel toran lord	ATTENDING MED. STAFF SIGNED
22c, PHYSTETAN'S	W.D.
NAME (Type)	22d. ADDRESS1210 Chillum Manor Rd.
Dr. Barry Rosenberg M.D.	W. Hyattsville., Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	.Cemetery Suitland. Maryland
24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Jan Hungsol Stage 300 1819189	RELL & C DATALIN 13 '61 Colone & France
de notre de Hour don de la	cong. V -1001 13 01 Chroking & Throse

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Emilel (6.18.1930 Wester Bill: Cometry Substance, Maryl me  Page 4 may be retained by the hospital or attending physician.

O STATERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be end within 24 hours after by the hospital or attending physician.

O STATERAL DIRECTOR: After this certificate has been signed by the attending physician and compositely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	6 mga mba									- BARRY 1	and with
1. PLACE OF DEA'	TH			2.	USUAL RESID	ENCE (Whe	re deceased			lence be	fora admission)
Prince Ge	orge		MARYLANI		Maryland			b. COUN	Geo.		
b. CITY OR TOWN	(if outside corporate limit	is, c. LE	NGTH OF STAY IN 1	Ь	c. CITY OR TOW	N (If outside	corporate i			ve neere	ist town)
Cheverly	nd give nearest town)	D.	O.A.		Univ., P	ark		61	a la		
d. NAME OF HOS	PITAL OR INSTITUTION (	f not in hospitel, g	ive street eddress)		d. STREET ADDRE					a.	IS RESIDENCE
	Gen. Hosp.				4304 Und	erwood	1 St.			a YE	ON A FARM?
3. NAME OF DECEASED	First		Middle		Lest	4. DA		Month	D	ау	Year
(Type or print)	Carl	A	1. L	uen	ser		ATH	June		4	19 61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH				IF UNDER 1 YEA		JNDER 24 HRS.
Male	White	WIDOWED 3	DIVORCED [	8	March 18	91		O yrs.	Months Day	s Ho	ours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF	BUSINESS OR INDU	STRY	11. BIRTHPLACE (C	County & Stet	e, or foreign	country)	12. CITIZEN	OF WI	HAT COUNTRY
Retired	working life, even if retire	Buto	cher		Germany				U.S	.A.	
13. FATHER'S NAME				14	. MOTHER'S MAIL	SMAN N3			-		
Julius Lu	enser			3	Unk.						
	EVER IN U.S. ARMED FOR		L SECURITY NO. 17	. INF	ORMANT			Address	-	100	
(Yes, no, or unkown)	(If yesgive war ordates of se	39909	97831 M	ari	an L. Ko	hn S	ame a	as #	2 (Da	ugh	ter)
	DEATH [Entar only one	cause per line for	(e), (b), and (c).]						,		AL BETWEEN AND, DEATH
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	acus	corr	Lav	T OC	e lu	2000	est 1	4		6 12
420.0											
Conditions, if a		miso	ca, Mil	11	2 xarc.	8					
gave rise to imme	ediate cause				1						
(a), stating the causa last.	underlying (c)	aster	ea Mil	45	hers	1 of	1000		757 M.	461	0,10
Z PART II. OTH	ER SIGNIFICANT CONDI								EN IN PART 1(a		
ATI										YES	PERFORMED?
PART II. OTH	WAS UNDERLYING	20b. DESCRIBE H	HOW INJURY OCCU	RED. (Er	nter neture of injury	in Part I or F	art II of ite	m 1B.)		1	
OR CONTRIBUTION	IG CAUSE OF DEATH										
		ar   20d. INJURY	OCCUPRED   20e	PLACE	OF INJURY (Home,	farm. 1 20f.	(City or tox	wn)	(County)		(State)
20c. TIME OF IN		WhileN	ot While		street, office bldg.,		,,	*,	,,,		(-/-/-/
		,	at work	-	3	1,,		1120			
	that (I) (this hospit										
	ased alive on June	uc 7#4	19, and t	hat de	eath occured a	1.7M,	from the	causes	and on the	date :	stated above
22a. SIGNATURI					ATTENDING	MED.	S.T.	AFF	,	1	22b. DATE
116 18	explen allen			M.D.	PHYS.	DIRECTOR		Ys.	20	nu 1	486 196
22c. PHYSICIAN NAME (Typ		FEMANN			22d. ADDRESS				1		
23a. BURIAL, CREMA	ATION, 236. DATE THER	EOF 23c.	NAME OF CEMETE	RY OR	CREMATORY	23d.	LOCATION	(City, tow	or county)		(State)
sit, Buri	al 6/8/61	Mer	rill Cem	ete	rv	Mer	rill		W	isc	
24 FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS	3 3 6 .				25b. REG	GISTRAR'S SIGN		
F. Gasch'		attsvill				JUN 8	'61		Chun S. Hu		
	o voins my	COLONII.	re, rice		DATE				a. 100	anna .	

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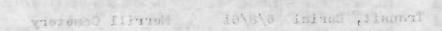
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1. PLACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

07105

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

ctor,	with	V	Y	
fred in by the funeral director,	and 2 should be filed with	/	_	1
unera	ld be	(1	V	1)
the !	2 shou	1	N	90
u p	pup		U	
firled	ges 1	eath.		

haurs after death. Page 4

Terbined by the haspital or attending physicion.

7 FUXERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detached for use as the buriol-transit permit. Then please remave carban papers. Pag the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after de TO FU.

TAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

TO HC

VR A1S (4) 1SM 9/S9

Prince George  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Suitland  C. LENGTH OF STAY IN 1b  Washington, D. C.	L ond give ne	earest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Suitland Nursing Home  d. STREET ADDRESS 3008—W—St., S.E.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) JAMES T. MACKINTOSH Sr. DEATH June	21	eor 19 61
Male White WIDOWED Dec. 12th 1873   No. 1   No	Onths Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Retired Washington Terminal Railroad Washington, D.C.	12. CITIZEN C	DF WHAT COUNTRY? A
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		TOTAL STREET
Harry I. Mackintosh Mary Louise Lavezzi		
Is. WAS DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. 17. INFORMANT Address  (If yes, give wor or dates of service)  James T. Mackintosh, Jr. Same as	s#2-	c-d
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corona Through Thr		TERVAL BETWEEN ISET AND DEATH O
Conditions, if any, which gove rise to immediate couse (o), stating the under-	/	o gra
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTION CONTRIBUTION (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES NO
20c. TIME OF INJURY Month, Doy, Year North	(County	r) (Stote)
21. I certify that (1) (this haspital) attended the deceased fram. June 9, 196, ta June 196, saw the deceased alive an June 196, and that death accurred at M. fram the causes and a		that (I) (we) last e stated abave.
220. SIGNATURE  ATTENDING  MED. STAFF  PHYS.   DIRECTOR   PHYS.	6/2	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) LEO 4. MUGMON MD 2711 gaither A. SE	WA	HILDC
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial June 24, 1961 Fort Lincoln Cemetery Bladensburg, Management Removal Removal (Specify) Burial Sune 24, 1961 Fort Lincoln Cemetery Bladensburg, Management Removal Re	.,	(Stote)
240 FUNERAL DIRECTOR'S SIGNATURE 1661—Good Hope Rd S.E. 250. REC'D BY REGISTRAR 25b. REGISTRAR DATE JUN 2 3 761	AR'S SIGNATI	

The second secon his second affection of a county 

# FOR STATE HEALTH DEPT. perce execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Treath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pours after death.

VS. A15ME

5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20

1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased livad, if institution:	
Prince George's MARYLAND	Maryland Prince	• George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d give nearest fown)
Riverdale	College Park	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	. IS RESIDENCE
		ON A FARM?
Leland Memorial Hospital	9139 Baltimore Blvd.	YES NO
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month	Day Year
	Madison, Sr. DEATH June 25	9th. 19 61
F 2010 - 14 00100 - 14 001	DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
7. MAKRIED THE YER MAKRIED	last birthday)   Months	Days Hours Min.
Male   White   WIDOWED   DIVORCED	July 12th, 1909 52 Yrs.	
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR'		IZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		
Painter Construction	Virginia 14. MOTHERS MAIDEN NAME	U.S.A.
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
Ernest L. Madison	Mary E. Lipscomb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Address	
(Yes, no, or unkown) (Ifyesgive war or dates of service)		
No none 579-01-3146 1	Mrs. Mary Madison Same as #2	
18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c).]	a manage of the same of the sa	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (e) Coronary occlusion		
Jan July Due to		
Conditions, if any, which ) (b) Coronary artery di	sease	
gave rise to immadiata cause		
(a), stating the underlying		-
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
·		YES TO NO TO
200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (E	Enter nature of injury in Part I or Pert II'of item 18.)	
PRIMARY OF CONTRIBUTING	internative or infuty in ran t or tell in or field 10.7	
		2
	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
Hour a.m. While Not While	ory, street, offica bldg., etc.)	
p.m. 19 at work at work	]	
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection X, Inquiry X,	and in my opinion
death resulted from: Natural causes 📆, Accident 🗍, Suici	ide . Homicide . Undetermined manner	1
dealin resulted from: Transfer causes A. Accident		_
	CHIEF MEDICAL EXAMINER	
ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE V. J. J. J.	DEPUTY MEDICAL EXAMINER	20/3
EXAMINER'S TAKES T DOWN IN D	Ju	ne 30th., 1961
NAME (Type) JAMES I. BOYD, M.D.	Address (Street, city, town, or county)	1000
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d LOCATION (City, town, or country	(State)
Busia D. July 3, 1961 Flort dines	In Com. Bladensburg	Maryland
23. FUNERAL DIRECTOR ADDRESS A	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S S	
in his of and and Kurandala W.		
W.W. Chamberson owning, 41)	DATE AND 2 '61 arithmy &	. Thata

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		PARTMENT OF HEALTH	MA DVI AND
	DIVISION OF STATISTICAL RESEARCH AND RECORDS  CERTIFICAT	, 301 W. PRESTON STREET, BALTIMORE 1, I	07107
	PLACE OF DEATH  COUNTY  Prince Georges  CITY OR TOWN (if outside corporete limits, write RURAL and giva nearest town)  Cheverly  21 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL	e Georges
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Prince Georges General Hospital	d. STREET ADDRESS 3417 39th Avenue	ON A FARM? YES NO TO
	NAME OF First Middle	Malpasso DEATH 8 June	Dey Yeer 19 61
IDe		8. DATE OF BIRTH  8-11-01  9. AGE (In yeers   IF UNDE   Months   M	ER 1 YEAR IF UNDER 24 HRS.
13.	FATHER'S NAME Anthony Viviano	14. MOTHER'S MAIDEN NAME Filippa Nuccio	U.S.A.
	WAS DECEASED EVER IN (S. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or detes of service) 103-26-2914 2	seph F. Malpasso, &	Silver offring Mo
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  CARCINOMATORIS  DUE TO		interval between onset and death
	Conditions, ency, which governise to immediate couse (a), stating the underlying couse last.  (b) Carcinoma of the DUE TO (c)	Sigmoid Colon	3 years
CARON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		ART 1(a) 19. WAS AUTOPSY REFFORMED? YES NO
L CEKIII	OR CONTRIBUTING  CIF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Pert II of item 18.)	
MEDICA		ACE OF INJURY (Home, ferm, 2Df. (City or town) (City, street, office bldg., atc.)	County) (State)
	21. I certify that (I) (this hospital) attended the deceased from.  saw the deceased alive on	t death occured and in the causes and o	n the date stated above.
	Daym Owalkers A 22c. PHYSICAN'S NAMED (TYPE) TON OWATKINS	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS SOLVENING PHYS. ADDRESS	Bloslingling
232	BURIAL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY BEMOVAL (Specify) 6/12/6/ Orlangton	· National arlington	Virgina
17	FUNERAL DIRECTOR'S SIGNATURE JOME ADDRESS / Ra	pland DATE JUN 1 4 '61 28. REGISTRAR	's BICHATUBE
	Inc.		

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15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07108

1.	PLACE OF DEATH  o. COUNTY					2. USUAL RES	SIDENCE	(Where de			sidence	before ec	Imission)
	Pri	ince George	es	MARY	LAND	e. STATE	D.	C.	b. COUN	(TY	*		
1	write RURAL end	outside corporete limi give neerest town)	ts,	c. LENGTH OF STA		c. CITY OR TO	414		prete limits, write	RURAL and	give nea	rest town	1-3
	d NAME OF HOSPIT	AL OR INSTITUTION (	if not in hospi	2 days	056)	d, STREET AD		shing	COII			e. IS RES	SIDENCE
١.		**	ii iioi iii iiospi	iei, give sileel eddi	033)			a.				ON A	FARM?
	ilenn Dale	Hospital		5810		4502 S.							NO X
3.	DECEASED	rirst		Middle		Last	4.	DATE OF	Month		Dey	Yeer	
	(Type or print)	Pete		Α.		Manley		DEATH	6		29	19 6	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D   8.	DATE OF BIRTH		9.	AGE (In yeers last birthdey)			Hours	24 HRS. Min.
1	Male	White	WIDOWED	DIVORCE	0 6	/17/1889			72 yrs.	Molinis	975	-	med .
	one during most of wor			D OF BUSINESS OR	INDUSTR	11. BIRTHPLACE	(County &	& State, or	foreign country)	12. CITIZ	EN OF V	WHAT CO	DUNTRY?
		(plumber)	-/			Pa.					USA.		
13.	FATHER'S NAME					14. MOTHER'S M.	AIDEN NA	ME					
	Patrick l	Manley				Anne	Cord	pran					
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. S	OCIAL SECURITY N	O. 17. I	NFORMANT			Address				
(10	NO (If	yesgive war or dates of s		5-01-11166		Decedent							
		EATH [Enter only one	cause per lin	e for (a), (b), and (c	:).]							VAL BETV	
		WAS CAUSED BY:	Cor r	oulmonale								T AND DI	
	003	DUE TO	001	VALUE ON ON THE						· · · · · · · · · · · · · · · · · · ·	VIA	SAUTHA	
	Conditions, if eny,	11.1.5											
	geve rise to immedie	te ceuse											
	(e), steting the un		D. 7		7						2	20	6
z		SIGNIFICANT CONDI		nary tube					CONDITION GIV	EN IN PART		WAS AL	O MOS
18			-								YES	PERFOR	RMED?
5	Pulmonal	ry fibrosi:	s and e	RIBE HOW INJURY	OCCUPED	(Enter neture of in	iury in Part	Lor Pert II	of item 18.)		1 1 2 3	, [] ,	IO LOK
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	100. DESC	KIDE TIO W INJOKT	O CCOKED.	(Ellier Herero Or III)	1017 111 1011	10110111	0, 110111 1017				
	20c. TIME OF INJUR		1 201 11	JURY OCCURRED	20. DIA	CE OF INJURY (Hon		20f. (City		(Coun	Ace)	-	Stete)
MEDICAL	Hour e.m.	Y Month, Dey, Ye	While	Not While		ory, street, office blo		201. (City	or lown)	(00011	19)	1.	31010)
×	p.m.	19	at work	et work		2/25/		/5	71001		3		
	21. I certify th	at (I) (this hospit	tal) attende	ed the deceased	d from	3/27/	9.0219	61 to.	6/29/	, 19.5	tha	t (1) (1	we) last
	saw the decease	ed alive on6/.	29/	196 <b>1</b> a	nd that	death occured	at.17	M, from	the causes	and on th	e date	stated	above.
	220. SIGNATURE	1, 1/1	9			ATTENDING	MED		STAFF			22Ь.	DATE
	V	use or	urs		M.	D. PHYS.	DIRE		PHYS.		6	/29/	61
	22c, PHYSICIAN'S NAME (Type)	Moe We:	iss. M.	D.		22d. ADDRES	SS G	Lenn	Dale Hos	spital			
	TOTALE (TYPE)	1100 110.							Dale, Mo				
23	REMOVAL (Specify)	ON, 236. DATE THE	REOF	23c. NAME OF CI	EMETERY O	OR CREMATORY	1	23d. 10C	ATION (City, to	wn or county		(Ste	20
-	Berna	SIGNATURE	41	ADDRESS	A	125	Se REC'D	BY REGIST	TRAR 25b. RE	GISTRAP'S S	IGNATU	RE	ong
24	FUMERAL DIRECTOR	B		11.11 90	2	non			4		1.		
	semm	cons or	el 1	1001.116	rod,	070	ATE JUL	. 3	11.1	Irthur S.	Mise	A	
						10010	-						

(Louis) cini oneD) the control of the same e/17/11/39 (troducto) Larlach Volume aggrage 100 Half - 105 Million of Blanch States of the States of th smark is but although then the Med When Cartes No a localist -Buch to be 12: 41 Below Hill. John Carlow Con Coll Many Shirt & Day Congress to the SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exproper within 24 hor Page 4 may be retained by the hospital or attending physician.

TO CNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Adirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat

VR A15 (4) 15M 9/60

d within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7123 CERTIFICATE OF DEATH 07109

b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	a. STATE Maryland b. COUNTY	a Carnes						
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b								
write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL as	nd give neerest town)						
Riverdale	65 Riverdale							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
4609 Oliver Street	4609 Oliver Street	YES NO						
B. NAME OF First Middle DECEASED	Lest 4. DATE Month OF	Dey Yeer						
(Type or print) FANNIE RAWLINGS	McCATHRAN DEATH 6	23 1961						
7. MAKKED THEFER MAKKED	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER last birthday)  Months	Deys Hours Min.						
remale   white   widowed   DIVORCED	7/5/10/5   85 yrs.							
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	[RY   11. BIRTHPLACE (County & Stete, or foreign country)   12. Cl	TIZEN OF WHAT COUNTRY?						
housewife	Lanham, Md.	U.S.A.						
Arthur Clements	14. MOTHER'S MAIDEN NAME Fannie Rawlings							
Yes, no, or unkown) (Ifves give war or detective vice)	INFORMANT Address Riv	erdale, Md.						
	rthur McCathran 4609 Olive	r St.,						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	2	ONSET AND DEATH						
IMMEDIATE CAUSE (a) (article truffelinely								
4221 DUE TO (15 tex 100 Con of 10 Candon long of dy) lyian								
Conditions, if any, which gever rise to immediate cause (b)								
(e), steting the underlying DUE TO	Parari. augustica	û						
z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(e)) 19. WAS AUTOPSY						
part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	or related to the teaminate pistase condition given in the	PERFORMED?						
	D. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO A						
OR CONTRIBUTING CAUSE OF DEATH	S. Chian in age of pipe, in vol. 1 of 1 of 1 of 1 of 1 of 1							
	ACE OF INJURY (Home, farm, 2Df. (City or town) (Coctory, street, office bldg., etc.)	unty) (State)						
p.m. 19 ef work at work		7						
21. I certify that (I) (this hospital) affended the deceased from	OCT 196010 23 ALLE 19	P. L. that (I) (we) last						
saw the deceased alive on	at death occured at	the date stated above						
220. SIGNATURE Pogarty	ATTENDING MED. STAFF DIRECTOR PHYS. 2	3 June SIGNED						
22c. PHYSICIAN'S NAME (Type) Thomas P. Fogarty	22d, APDRESS (NIV. BLVD + SPRIN	ve Mil						
23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, Jown or coun	nty) (Stale)						
Ft.Lincoln	Cemetery Pr.Geo.Co., Mar	yland						
77_1	D C 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE						
24 funeral director's signature ADDRESS Wash The S.H. Hines Co., 2901 14th St. N.	1 D D O O O	* / /						

THE RESERVE STANDARD OF THE PARTY. .050.8 o Dabuer 13 AND THE STREET 0.0200 Lanbam, Ma. . . . ) tione hold monden. no Caretantin eong mer menden endera . on Thomas C. Horney ..... 6/27/61 Pt. timpelm cometant Rv. Rec. Inc. 

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7124	CERTIFICA	AIE OF DEATH	1		Reg. Dis	st. No.U	110
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (WI		lived. If institution b. COUNTY	on: Residence Princ	e Geor	mission)
RURAL and give nearest town)	years	c. CITY OR TOWN (IF of		h.21, DC)		ive nearest t	own)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 248 Audrey Bane, S.E.		d. STREET ADDRESS 248 Audre	y Lane	, S.E.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) BEATRICE (BEA)		DONNELL	4. DATE OF DEATH	June	" 17th	Doy	Yeor 19 61
5. SEX   6. COLOR OR RACE   7. MARRIED   N Female   White   WIDOWED XX	DIVORCED [	8. DATE OF BIRTH Feb. 27th, 18	~_	P. AGE (In years last birthday) 7 Oyrs.		Days Hou	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	At home	STRY 11. BIRTHPLACE (State Ashley,	_		12. CITI	USA	HAT COUNTRY?
13. FATHER'S NAME UNKNOWN		UNKNOWN	NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unknown)     11 yes, give wor or dotes of service)   Unknown		NFORMANT Lul H. McDonne	11, 24	8 Audrey	Lane	,S.E.V	Vash.21DC
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.  DUE TO  DUE TO  (b)  DUE TO  (c)	ROUBBY	THROMB	0111		FN IN DART	ONSET A	DAYS
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JES .	D. (Enter noture of injury in	イ		EN INT AN	PEF	RFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC While Not work of wark of wark	while for	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc	20f. (City o	or town)	(C	ounty)	(State)
ACTUAL SIGNATURE	and that death	M.D. 4833 S	M, from ADDRESS (Sire	7, 196/ the causes a set, city or town. ALR WALS:	nd an th	ast saw the date stored.	he deceased of the deceased of the signed of
Burial 6/20/1961 St.		lp of Christia					State)
W.W. Chambers Company, 51711t.	h St.S.E.W		D BY REGISTR		ilus S.		

der ein sen zu			and the same of the
ed falls of and		A ST. W. S. On.	
		A Stevenson T. T.	
	1105100000	A PARAMETER	
	4847775 FA	111111111	444
		hedelik sidepin	
		AREA CARA	

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICA	CERTIFICATE	OF DEATH	STREET, BALTIMOR	E 1, MARYL	7111
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where dacaasad livad, I	Institution: Reside	nce bafora admission)
Prince Georges	MARYLAND	e. STATE	b. COU		Coongos
b. CITY OR TOWN (if outside corporete		Mary La	f outside corporate limits, wri		Georges
write RURAL end giva naerest town)	)	1.6			
Riverdale			ge Park		e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTIO	ON (if not in hospital, give street address)	d. STREET ADDRESS			ON A FARM?
Eugene Leland Mem	orial Hospital	9636	Slst Place		YES NO
	First Middla	Last	4. DATE Mon	th Da	y Yaar
(Typa or print) MADE	LINE FRANCES	MILLER	DEATH June	16	1961
5. SEX 6. COLOR OR RA		B. DATE OF BIRTH		IF UNDER 1 YEAR	R IF UNDER 24 HRS.
Daniel Model	WIDOWED DIVORCED	2-26-14	last birthday)	Months Deys	Hours Min.
Female   White			~ .	1 12. CITIZEN	OF WHAT COUNTRY
done during most of working life, aven if r	own home		.,		
Homemaker	Own nome	Maryland		U.S.	A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Morris Lerov Rres	nahan	Arvella 1	1. Mathews		
5. WAS DECEASED EVER IN U.S. ARMED	FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Addre	55	
(Yes, no, or unkown) (Ifyasgivawarordate	ss of sarvica)	Hospital	Records		
18. CAUSE OF DEATH (Enter only	one causa perline for (a), (b), end (c).	HOSPIOGI	11600103	1 10	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED B		all	1 "	C	DISET AND DEATH
IMMEDIATE CAUSE	E (a) Mule Coron	sey leson	uboses		
233X DUE	10 A	10-1	0		
Conditions, if any, which	(b) securery letter	y allers,	selevice		
gava rise to immediata ceusa	100 0 0	11 .0			
(a), stating the underlying cause last.	Nost-Objective &	Led Her	· Siens	100	
	ENDITIONS CONTRIBUTING TO DEATH BUT NO	OT LATED TO THE TERMI	NAL DISEASE CONDITION G	VEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CO	1	I GR	001	•	PERFORMED?
Mild Codial	Jasupenate	in hear	who feller	would	YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CALEXAMIN	1 206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Part of item 18.)		
	NER)				
20c. TIME OF INJURY Month, Day Hour a.m.		ACE OF INJURY (Home, farr		(County)	(State)
Hour a.m.	While Not While 120	rory, streat, office bidg., etc	'		
	17   0   0	1-12	1961 to 6/1	6 shall	1-1 (1) (
	ospital) attended the deceased from.				that (I) (we) la
	5-/6 196/ and tha	t death occured at 1	LANT from the causes	and on the	
22 SIGNATURE	0 -	ATTENDING.	MED STAFF		22b. DATE SIGNE
William To	Marilla)		DIRECTOR PHYS.		6-16-61
22c. PHYSICIAN'S NAME (Type) William	Eisner	30.B	Pilge Rd;	Gue	ube Cl ke
23e. BURIAL, CREMATION, 23b. DATE	THEREOF   23c. NAME OF CEMETERY	OR CREMATORY	23 LOCATION (City, I	own or county)	(Stata)

Burial (Spacify) June 19, 1961 Ft Lincoln Cemetery

24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

ADDRESS Hyattsville, Md.

y Colmar Manor, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE JUN 2 0 '61

anthur & Kraus

THE RESIDENCE OF STREET, STREE WITTEN TO ameni nii . Il mula Wika the state of the s and the second s William Garage State Back Page 184 Tarifal Sunn 19, 1981 St. Lingbly Bushney Cantage Comp. The same divition and the same of same

# FOR STATE HEALTH DEPT

PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board off Phelith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 6

VS. AISME SM 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH of 2 12

1. PLACE OF DEA	гн		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss e. STATE.
	rince George		Maryland Prince Georg
b. CITY OR TOWN write RURAL a	(if outside corporate limit and give neerest town)	is, c. LENGTH OF STA	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chever]	M	D.O.A.	Seabrook
d. NAME OF HOS	PITAL OR INSTITUTION (	if not in hospital, give street addre	ress) d. STREET ADDRESS e. IS RESIDEN
	George's G	eneral Hospital	Box 6, Railroad Average YES No
3. NAME OF DECEASED	First	Middle	Last 4. DATE Month Day Year
(Type or print)	George		Morgan Jr DEATH June 30, 1961
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers   F UNDER 1 YEAR   IF UNDER 24 H last birthday)  Months   Days   Hours   Min
Male	White	WIDOWED DIVORCED	
10a. USUAL OCCUPA	ATION (Give kind of work	106. KIND OF BUSINESS OR	R INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
Sailor	vorking life, even if retired	U.S. Navy	District of Columbia U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
GEO:	ge Winfield	Morgan Sr	Alice Grace Weed
IS. WAS DECEASED I	VER IN U.S. ARMED FOR	CES?   16. SOCIAL SECURITY NO	O. 17. INFORMANT Address
(Yas, no, or unkown)	(If yes give wer or datas of se	arvice)	Miss Mary E. Morgan, same as # 2
		cause per lina for (e), (b), and (c	
	TH WAS CAUSED BY:		ONSET AND DEATH
010	IMMEDIATE CAUSE (e)_	Hemorrhage ar	na Shock
013	DUE TO		
Conditions, if a	diete ceusa	Crushed chest	t, fracture of the skull, fracture of
(a), stating tha	underlying DUE TO	the facial bor	nes
cause last.	(c)_	TIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOP
PARI II. OIF	EK SIGNIFICANI CONDII	HONS CONTRIBUTING TO DEAT	PERFORMED
S SYTERNIAL	CALIFETMAS	OF DECCRISE HOW INTHIN OC	YES NO   CCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
PART II. OTH	ONTRIBUTING [		motor cycle struck by an automobile
20c. TIME OF IN		While Not While	20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata factory, street, offica bldg., etc.)
		et work et work	The state of the s
21. I certify	that I took charge o	of the remains described ab	bove, held an Autopsy 🔲, Inspection 🛖, Inquiry 🙀, and in my opinic
death resulted	from: Natural ca	suses , Accident,	, Suicide , Homicide , Undetermined manner
			CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	Janne	v dil	ASSISTANT MEDICAL EXAMINER ( DATE SIGNED
EXAMINER'S			DEPUTY MEDICAL EXAMINER
NAME (Type)	James I. B	loyd.	Address (Street, city, town, or county) 7/1/61
22a. BURIAL, CREMAT	ION, 226. DATE THERE		METERY OR CREMATORY · 22d. LOCATION (City, town, or country) (State)
Burial Speci	fuel .	OF 22c. NAME OF CEM	
Durial	July 5,		ill Cemetery Suitland Md.
23. FUNERAL DIRECT			
	OR	1961 Cedar Hi	Suitland Md.  240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE

Prince George Esting Control of the Lorente State of the Lorente Circumit . A.D.C.A. Trince George's Jenoral Legical Land avenue Box o, Builtond Avenue George Maried Marcon 22 - June. Apriles, 19th edini eday A.S.J - mismust to tobetek Type Havy Alice Urece Weed George Vinit ald horgen Br Co se same, spread H westerning describing en Se die Bruined about, theorem of the dail, freetone of and the free to be been all destrict to we share electron to to to to to to Sentrodic E. C. Dyot .I neoni

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CASH SO MADERNESS TO SEE MERCHANNEL CENTRAL STREET STREET, STREET STREET, STREE REDNO CHE MILLER AL POCE A POCE A PER - OFFICE MARKED ON TO THE REAL PROPERTY OF THE PERSON OF THE PERSO SHEWER WHITTHEN HENDING THE END BY THE THE REAL PROPERTY OF THE PARTY MAKE THE WAR BURNEY THE THEM CONTRACTOR DATE NOW VESTILAR OF THE BOARD OF THE STATE OF THE THE MANUAL PROPERTY AND THE PROPERTY OF THE PARTY OF AND THE SECULD CELLS OF SECULAR SECULA ACTUE AREA SERVER SERVER STANKE SANTA SALAN SA The sale of the sa DES BY STAND SHARES THE MODERN RULE SHARE SHARES SHARES

MAR	YLAND STATE DEPARTMENT OF HE	ALTH
<b>DIVISION OF STATISTICAL RESE</b>	ARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
7128	CERTIFICATE OF DEATH	07114

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed livad, If institution: R e. STATE b. COUNTY	esidence before edmission)
Prince Georges MARYLAND	1 2 2 3	e Georges
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
write RURAL and give neerast town)  Cheverly  16 days	S. W. west and 12 a	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
PrinceGeorges General Hospital	5801 15th Place	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
(Type or print) Leonard J	Noone June	6 19 61
	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1	YEAR IF UNDER 24 HRS.
NIDOWED TO DIVORED TO		Deys Hours Min.
Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST		ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		
Electrician onstruction	9	S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James B Noone	Ellen B Kelly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyes givewer or deles of service) 213 12 1099	deline F Noone Hyattsville,	Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: RD		ONSET AND DEATH
IMMEDIATE CAUSE (6) BRONCHO TNE	170N14	3 00861
1621 DUE TO 0-	R	
Conditions, if eny, which \ (b) BRONCHOGENIC	CARCINOMA	Z-3 MONTHS
geve rise to immediate cause  (a), stating the underlying DUE TO		
cause lest.		
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
<u> </u>		PERFORMED?
	D. /F	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT STATE OF CONTRIBUTING TO DEATH BUT NOT STATE OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of item 18.)	
	ACE OF INJURY (Home, ferm,   20f. (City or town) (Cour	nty) (Stata)
nour s.m.	ctory, straet, offica bldg., etc.)	
		7
21. I certify that (I) (this hospital) attended the deceased from.		
saw the deceased alive on	it death occured at 2. 45 Alfrom the causes and on the	he date stated above.
228. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
Exames Phile	M.D. PHYS. PHYS.	310112
22c. PHYSICIAN'S	22d. ADDRESS 6607 Riverdale Roa	d
NAME (Type) Dr. C.J. Duke M.D.	Riverdale, Md	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(Stale)
Burial Specify June 8, 1961 Arlington N	AAAAA	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE GEEST O 104	
	JUN 8 '61 Chilling	S. Krays
		THE RESIDENCE OF THE PARTY OF T

TO ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excreted within 24 hours after defined by the hospital or attending physician.

Yes a construction of the property of the p

ATIVE - 351 3.2 E villes de notation and the common that come to the common the common that the common terms are the common terms ar to difficulty soon soulders early 11 to 12 was not The same of the sa The state of the s .bh pilivelingh and aldered . "

FOR STATE TO COLOR MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. By delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7129

write RURAL end give neerest town) Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Prince George's General Hospital 3. NAME OF DECEASED (Type or print)  Lester Harry Ondrie  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF  Male   White   WIDOWED   DIVORCED   Dec.	District Columbia  OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Prince George's General Hospital  3. NAME OF DECEASED (Type or print)  Lester  Harry  Ondrie  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF Male  White  WIDOWED DIVORCED DEC.	
write RURAL end give neerest town) Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Prince George's General Hospital 3. NAME OF DECEASED (Type or print)  Lester Harry Ondrie  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF  Male   White   WIDOWED   DIVORCED   Dec.	TO TO THE (II COLDING CORPORATION IIIIII), WHICH KNOW A SING SITE HOSTOSI TOWN,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strast address)  Prince George's General Hospital  3. NAME OF DECEASED (Type or print)  Lester Harry Ondrie  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF Male White WIDOWED DIVORCED Dec.	
Prince George's General Hospital  3. NAME OF DECEASED (Type or print)  Lester Harry  Ondrie  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF Male  White  WIDOWED   DIVORCED   Dec.	Vashington
3. NAME OF DECEASED (Type or print)  Lester Harry Ondrie  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF Male White WIDOWED DIVORCED Dec.	a. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)  Lester Harry Ondrie  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF Male White WIDOWED DIVORCED Dec.	
(Type or print)  Lester Harry Ondrie  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF  Male White WIDOWED DIVORCED Dec.	2 Calvert St., N.W. No. No. No. No. No. No. No. No. No. No
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF	OF DEATH _ 10 (7
Male White WIDOWED DIVORCED Dec.	
Mare will te	lest birthdey) Months Days Hours Min.
	3rd. 1941   19 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	HPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Chauffeur Car Rental	Pompo 1, 5 - 6
	Penna ER'S MAIDEN NAME
Manual 0 344	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMA.	Eleanor Davis
(Yes, no, or unkown) (Ifyesgivewerordefesofservice)	A 7 V G G L G 27
yes 4 mos. yes Mrs. Ja	net Ondriezek Same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	/) // INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and Short
8 19 DUE TO	
Conditions, if any, which (b)	li ca D
geva rise to immadiate cause	near
(a), stating the underlying DUE TO	
cause lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  200. EXTERNAL CAUSE WAS PRIMARY IN or CONTRIBUTING  CAUSE OF DEATH.	YES NO
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature	of injury in Part I or Part II of item 1B.)
PRIMARY Por CONTRIBUTING Charles fan and	to start struck a fixe of object
	RY (Home, farm, ' 20f. (City or town) (County) (State)
Hour e.m. While Not While Sactory, street, o	ffice bldg., atc.) bldsen mus clear of - S. h.
	The state of the s
21. I certify that I took charge of the remains described above, held an Aut	
death resulted from: Natural causes . Accident . Suicide .,	Homicide, Undetermined manner
	IIEF MEDICAL EXAMINER
SIGNATURE MAD. A. A. M.D. A.	SISTANT MEDICAL EXAMINER DATE SIGNED
Di	PUTY MEDICAL EXAMINER T
NAME (Type) JAMES I. BOYD, M.D.	Idress (Street, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO	
REMOVAL (Spacify) 6-10-61	to the top a
23. FUNERAL DIRECTOR ADDRESS	276. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
W. W. Phember Es Bushale Md.	JIIN 8 '61 arthur S. Kraus
William Control of Con	DATE

Elem mass. pleytood noutri Not to the best of the latter of the state o Lorden Court Second Virgin 187101 Dec. 310. 1941 1 19 0 de journey and and and Set at the set of the the best come that your fires to the come and the Annua 622. L 51

FOR STATE HEALTH DEPT. PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

y delay is necessary, posse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7130 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DMEAD

1. PLACE OF DEL	LTH .		2. USUAL RESIDENCE (W)	here deceased lived, If in b. COUNT	stitution: Residence before admission)
P	rince George	ta MARYLAND			-
b. CITY OR TOW	N (if outside corporate limit	ts,   c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside	e corporete limits, write l	Prince George's RURAL end give neerest town)
	and give nearest town)		A Charm Anna		
Chever		if not in hospitel, give street address)	d. STREET ADDRESS		I e. IS RESIDENCE
d. HAME OF HE	STITLE OK INSTITUTION (I	ii noi iii nospiiai, give siraei address)	d. STREET ADDRESS	70	ON A FARM?
Prince	George's Gen	eral Hospital	Queen Anne	Road	YES NO
3. NAME OF DECEASED	First	Middle	Last 4, D	ATE Month	Day Yeer
(Type or print)	JOHN			EATH June	29th., 19 61
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   I	
Male	Colored	WIDOWED DIVORCED	May 7th., 1896	65 yrs.	Months Days Hours Min.
	ATION (Give kind of work				12. CITIZEN OF WHAT COUNTRY
	working life, aven if retire			,	and the second second
Labor		Farmer	Maryland		U.S.A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME		
Charles	Owens		Annie V. S	imms	
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES?   16. SOCIAL SECURITY NO.   17.		Address	
	(If yes give war or dates of se		Mrs. Henrietta Ow	em a anma	as #2
Yes		causa per lina for (e), (b), and (c).]	us. natitieves ow	orra pome	I INTERVAL BETWEEN
		obase per tine for (e), (b), and (e).]			ONSET AND DEATH
PART I. DI	ATH WAS CAUSED BY:	Anna Anna Anna Anna	o transact Wallance		
11	IMMEDIATE CAUSE (e)	Acute Congeste	d Heart Failurs		
-	DUE TO	Cardiovascular			
Conditions, if	any, which (b)		Renal Disease		
gava risa to imn	nadieta cause	- Carried - February	TIGHT DISCORD	н .	
(a), steting the	undarlying DUE TO			and the second of the second o	
cause lest.	) (c)				
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
					YES NO TO
PART II. OT	CAUSE WAS   2	Ob. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Pa	ut-II of Item 18.)	
PRIMARY   or	CONTRIBUTING [				
20c. TIME OF I			LACE OF INJURY (Home, farm, 1 20f ectory, street, office bldg., etc.)	(City of town)	(County) (State)
Hour a.		While Not While	ectory, street, office bidg., etc.)		
P.					( <del>-</del> )
ZI. I certify	that I took charge o	of the remains described above,	neid an Autopsy, Inspec	ction X, Inquiry	and in my opinion
death resulte	from: Natural ca	auses Accident . Su	iicide . Homicide .,	Undetermined ma	nner
100000			CHIEF MEDICAL EXAMIN	IER 🗍	
ACTUAL	Va	0 13	ASSISTANT MEDICAL EX	AMINER [7]	DATE SIGNED
SIGNATURE	former	at long	M.D.		DALE STORES
EXAMINER'S NAME (Type)	JAMES I. E	מ א מערא	DEPUTY MEDICAL EXAM		June 29th., 19
2a. BURIAL, CREMA			Address (Street, city, tov OR CREMATORY 22d. I	vp, or county)	or country) (State)
REMOVAL (Spe		Galilee		chellsville	
23 FUNERAL DIREC		ADDRESS			
23. FUNERAL DIREC	TOR			REGISTRAR   24b. REGIS	

Prince Control o Day on entirely Ocean Auto indice George's General Bosoitel - Other Lane Book 015. 6954) 61 ELIST CONTRACTOR May 750, 156 65 5 brzofc0 elski 4 4 4 The family of the second zerocal. Guales Lucie Annie V. Simus Mrs. Marriotta Quera see 12 Antial Januaried Heart Jeilians consent forces gradement to the con-X Charles and the same 1001 6300 and JAMES I. BOTO, N.D. entitles fundation fatered Assistance to Established C.R.MEGRE III ARRADOLLE, DE.

# FOR STATE PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filese. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

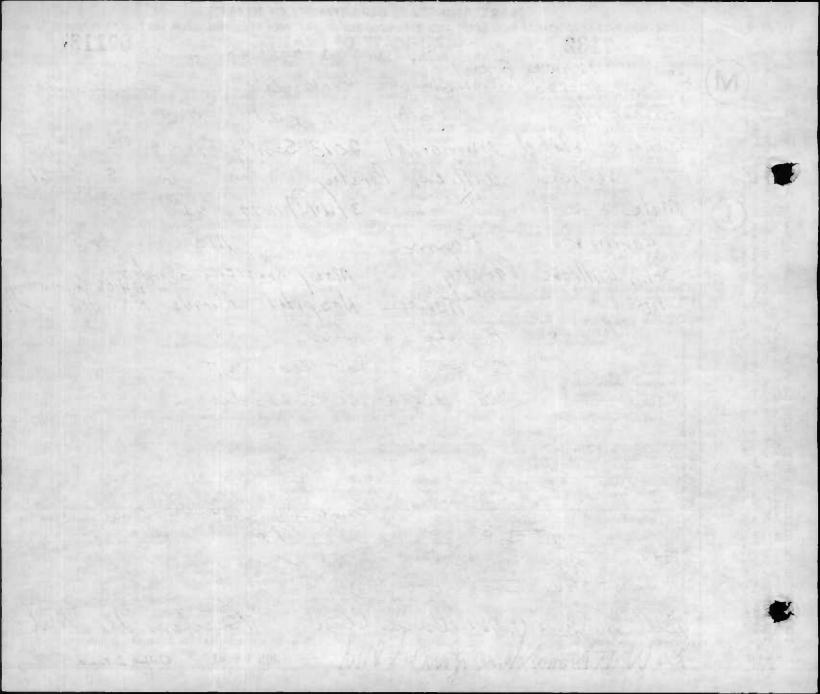
### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 31 3

1. PLACE OF DE	ATH		2. USUAL RESIDEN	CE (Where decessed	lived, If institution	: Residence before edmissi
	nce George's	MARYLAND	. STATE Maryl		b. COUNTY .	ice George's
b. CITY OR TOW	VN (if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete li	mits, write RURAL	end give neerest town)
Cheverly		DOA	Hvatt	sville	1.1	
	OSPITAL OR INSTITUTION (If not in	hospitel, give street address)	d. STREET ADDRESS			e. IS RESIDEN
	ce George's Gene	eral Hospital	5708 - 40th	Avenue		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Year
(Type or print)	James	Fletcher	Parker Jr	OF DEATH	Julie	18 19 61
5. SEX	0.49 0.4	THE YER MARKIED	DATE OF BIRTH		(In years   IF UNDE	
Male		DIVORCED [	lay 30, 1896	65	yrs.	Deys Hours Mir
done during most or	PATION (Give kind of work f working life, even if retired)	b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State	or foreign country)	12. 0	CITIZEN OF WHAT COUNT
Account		Retired	North Car	olina	Į	J.S.A.
13. FATHER'S NAM	NE .		14. MOTHER'S MAIDEN	NAME		
James Fl	etcher Parker St		Elizabeth	Cromarti	•	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
Yes, no or unkown	(If we ive wer or detes of service)	214-28-4737 M	rs. Ruth Park	er 1801	Drexel S	Street Apt 16
I 18. CAUSE O	OF DEATH [Enter only one cause	per line for (e) (b) and (c) I	* * *	Hyat	tsville,	MO.
	EATH WAS CAUSED BY:					ONSET AND DEATH
	IMMEDIATE CAUSE (6)	RONALY IN	SUFFICIENCE	24		
- 42	DUE TO	1		X: 1	1	
Conditions, if	1-73-1	RENARY HRIE	PIOSCLEROSIS &	MH4000 TR	upHy, he	241
geve rise to Imr	- DUE TO	/			1	
cause lest.	underlying (c)					
Z PART II, OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDIT	TION GIVEN IN PA	RT 1(e) 19. WAS AUTOPS
5						PERFORMED
20e. EXTERNAL	CALISE WAS 20h DE	SCRIBE HOW INJURY OCCURED. (	Enter nature of injury in Davi	i as Part II of Nam 10	1	YES NO
PRIMARY OF DEA	CONTRIBUTING [	SCRIBE HOW MOOK! OCCORED. (	tines netate of injusy in rest	1 of reit II of Hem Ic	).j	
3 20c. TIME OF I			CE OF INJURY (Home, ferm	20f. (City or tow	n) (C	ounly) (Slele)
Hour a.		While Not While service work structure at work	ory, street, office bldg., etc.	)		
	17	remains described above, he	ld an Autopsy X	Inspection X	Inquiry X.	and in my opinion
death resulte	ed from: Natural causes	XI, Accident , Suic	ide . Homicide	Undeterm	nined manner	
			CHIEF MEDICAL E			
ACTUAL		9 (15				
SIGNATURE	- some	J. V.Z	7	CAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type)	James I. Bo	yd, M.D.	DEPUTY MEDICAL Address (Street, c	ity, town, or county)		6/18/61
22a. BURIAL, CREMA	ATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (C	ity, town, or count	ry) (State)
Buria	2 6-21-1961	ARLINGT	ON NATL	FT 1	MYER	VA
23. FUNERAL DIREC	CTOR	SADDRESS O O	240. REC	D BY REGISTRAR   2	46. REGISTRAR'S	
W.W. C	rambles Co	Riverda la	med DATE &	UN 21 '61	Circhun	S. France
		- ware	I DAIL "			

Entere Secondard Am CwAll The a fermond comments office Jins Intime leaded to real animal and organization - 60/6 Funder Jr - at Tone 18 Totales Histories 189 30, 1896 65 B Service of Link and Lake 4.8,5 Morth Carolina Betited TrestauroonA officerors of domitte T Jungs Heddens Serbor Sp. Yes W. I. 214-23-Way Mrs. Buth Perfect 1801 Dravel Street 40t 16

RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH Thoms 3/8/16, Film G 201. 7/10/61 im 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) funeral 1. PLACE OF DEATH 600 nce a COUNTY b. COUNTY emoria MARYLAND the d 2 -ugene by th b. CITY OR TOWN (if outside corporate limits, write RURAL end bive nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL end give neerest town) Birchala 10 .E -72 hours after Pages filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress ON A FARM? YES NO complétely papers. NAME OF DATE Month Day Yeer DECEASED OF (Type or print) rn1921 DEATH 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 2] physician and lest birthday) Months Deys 8 4xrs. WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work гетоуе 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Farme 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending 00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive werordetes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH physici PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying has ceuse lest. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED certificate PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [ d OR CONTRIBUTING | CAUSE OF DEATH for this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After 1 1 20e, PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work may be retaine DIRECTOR: p.m. may 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive en 22e. SIGNATURE DATE SIGNED ATTENDING MED STAFF Kes PHYS. DIRECTOR PHYS. M.D. UNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) MANE OF CEMETERY OB CREMATORY LOCATION (City 23e. BURIAL, CREMATION, ROVAL (Specify, P di TO ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FINIFRAL VR A15 (4) 15M 9/60 DATE JUN 1 9 '61 arihur & Kraus



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY e. STATE b. COUNTY the and b. CITY OR TOWN (if outside corporale limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) LENGTH OF STAY IN 16 Š OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO ely NAME OF 4. DATE DECEASED OF (Type or print) DEATH IF UNDER 24 HRS. S. SEX RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthdey) and Months Hours WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME please Then please = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT law requires that the (Yes, no or unkown) | (If yes give wer or detes of service) physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETW signed by PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) the burial-transit DUE TO attending Conditions, if eny, which (b) After this certificate has been geve rise to immediate cause The DUE TO (e), stating the underlying PHYSICIAN: the hospital or TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONPRIBUTING TO WAS AUTOPSY PERFORMED? SIS 0 NO N em mare 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part Mof item 16.) etached for (IF EITHER, NOTIFY MEDICAL EXAMINER) è 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slete) Month, Dev. Year While fectory, street, office bldg., etc.) Not While et work et work DIRECTOR: plnods 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED. DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 13c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 克寺 TO 25e. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

Property Courses States & Medicke Centery ASSIST CARRENT 3-28-95 65 W. M. SAMPS PROBERED WEEKALOSS WHILLEY ENMETH PREFERE Cont stage and some many ON ELLANTE THE CLINTON MA BURREL GALLEN CARLAND CORR WHARDER THE Hoseth Frank Howe Misself Ill - more to the

15M 9/60

	MARYLAND STATE D	EPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORD  7134 CERTIFICAT	s, 301 w. preston street, Baltimore 1, I FE OF DEATH	MARYLAND
	TIOX CENTITOA	L OI PLAIN	USTER
	PLACE OF DEATH	a. State M. A. A	INCE GEORGE
_	PRINCE GEORGES MARYLAND		CLOKEEK
	b. CITY OR TOWN (if outside corporete limits, write BURAL end give nearest town)  ACCOICELL	c. CITY OR JOWN (If outside corporate limits, write RURAL a	nd give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Id. STREET ADDRESS	a. IS RESIDENCE
			YES NO
3.	NAME OF First Middle	Last 4. DATE Month	Dey Yeer
	(Typa or print)	CULDAI DEATH TIME	15, 1961
2	SEX 16. COLOR OR RACE 17 ALL DRIFT TO MADDIED TO	TURE	
٥.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER   Months	Deys Hours Min.
1 .	MALE WHITE WIDOWED DIVORCED	JUNE 3 1889 72 yrs.	2075 110013 14111.
10e		TRY   11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT COUNTRY?
do	FARMER FARMING	MARYLAND	V.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
•	Singer Divien.	MADNE MILDOL	4
16	WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY NO. 1.17	MARGIE, MURPT	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no. pr unkown)   (Ifyesgive waror detes of service)	INFORMANT Address	
	NO NONE III	AGGIE VICKERAL HCCOK	LEEK, M.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: THROMBOSIS OF CO	CRONARY ARTERY	ONSET AND DEATH
	IMMEDIATE CAUSE (e) 111EOFIDOS15 01 0	OHOMBICE TELEFORE	
	420, 1 DUE TO		0 7700
	Conditions, if any, which \ (b) CEREBROSCLEROSI.	S	3 YRS
	geve rise to immediate cause	THE RELEASE PROPERTY OF THE PERSON OF THE PE	
	(e), steting the underlying DUE TO	COT EDGC 10	YKS
	ceuse fest. (c) GENERAL ARTERIO	SCLEROS1S	1105
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY
CERTIFICATION			PERFORMED?
0			113   110
RT	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter neture of injury in Part I or Part II of item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL			ounty) (Stete)
Ē	flour a.m.	ctory, street, office bldg., etc.)	
Z	p.m. 19 et work at work		
	21. I certify that (I) (this hospital) attended the deceased from	Mar. 18th, 1928, to Jun. 12th, 1	that (I) (we) last
8	saw the deceased alive on 1111 1901, and the	at death occured aft. V.M. from the causes and on	the date stated above.
	22e. SIGNATURE		22h. DATE
		M.D. PHYS. MED. STAFF DIRECTOR PHYS. Jun.	1 5 + 1 1 06 SIGNED
		M.D. PHYS. I DIRECTOR PHYS. Jun.	15th, 1961 SIGNED
	22c. PHYSICIAN'S PAUL CHEN. M. D.	22d. ADDRESS Accokeek, Md.	
	NAME (Type) FACE CILLIN, 14. D.		
22-	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
238	REMOVAL (Spacify)	11/0: 0000	MI
	DUKIAL 10-11-01 OAKIANI	D WHLDORF.	TI'D.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
1	he HUNTE TUNEYA! HOME, WALDORA	MD DAHN 19'61 Cining &	Thrack

DAJUN 1 9 '61

STEED TO THE STATE OF THE STATE TINKY & MORESTA MARCHE THERESHAM ARESER EEE, MA The same of the sa the throne of transmitted on the Date of Down 10 at 100 miles

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7106	CERTIFICATE	OF DEATH		UILLI
1. PLACE OF DEATH 100	MARYLAND	Md District	of Columbia	Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Cheverly	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	f outsida corporate limits, writa	RURAL and giva nearast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not Prince George General		d. STREET ADDRESS 512 63rd.	Pla ce	a. IS RESIDENCI ON A FARMI YES NO
3. NAME OF DECEASED (Typa or print) Baby Girl	Middle	Porter	4. DATE Month OF DEATH Ju	na 10 19 61
	MARRIED NEVER MARRIED 8.  DOWED DIVORCED	June 9, 196	9. AGE (In years last birthday) yrs.	Months Days Hours Min. 20
done during most of working lifa, avan if ratired)	10b. KIND OF BUSINESS OR INDUSTRY None	Maryland	ty & Stete, or foreign country)	U.S.A.
None 13. FATHER'S NAME James Porter		14. MOTHER'S MAILEN Arlene Gib		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyasgivawerordetasofservic	a}	NFORMANT Mother	Address Same	
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Presentation (a), (b), and (c).	lls		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	atlectasis			
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20I OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURED.	. (Entar natura of injury In	Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeer Hour a.m.		CE OF INJURY (Homa, farm ory, straat, office bldg., etc		(County) (Stata)
21. I certify that (I) (this hospital) saw the deceased alive on une	attended the deceased from			on the date stated above
228. SIGNATURE Thomas A. Dy 22c. PHYSICIAN'S	0+	.D. PHYS.	MED. STAFF PHYS.   OOS Baltimore	22b. DATE SIGN
	A. Christensen, M.I	O. Co	ollege Park, Mo	d
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (SACIETY)  CTOMPANDO (SACIETY)  24 FUNERAL DIRECTOR'S SIGNATURE		n. Hospital	Cheverly, Md	
A TOTAL ON STORY J. AC	ministrator/			Mus S. Kraus

OTTO LOCATED - Vindyond entrula There's SER Contract descent at the challe United States THE PROPERTY OF THE PARTY OF TH The amount of the community of the commu 

VR A15 (4) 15M 9/59

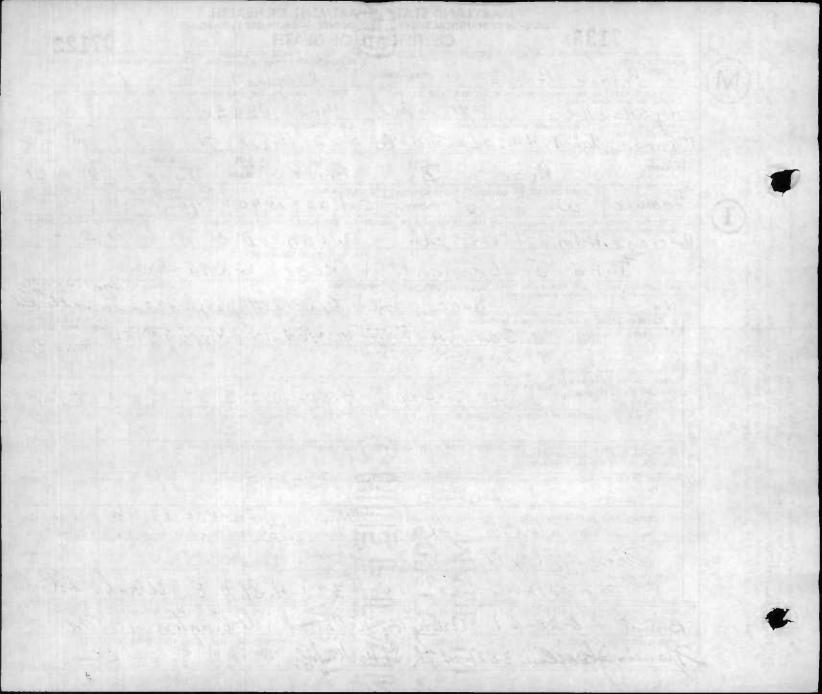
7136

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07122

1. PLACE OF DEATH	) 1 Z Z III G	2. USUAL RESIDENCE (Where dece		ence befare odmissian)
o. COUNTY Prince George	MARYLAND	a. STATE Mary las	b. COUNTY	Monta
b. CITY OR TOWN (If autside corporate limits, write c. LENG	OTH OF STAY IN 16	c. CITY OR TOWN of autside co	rporate limits, write RURAL and	give nearest town)
RURAL and give nearest town) Hy Cutts Jill e	- 6 mo	Chevy Ch.	150 15	X - 9
d. NAME OF HOSPITAL (If nat in haspital, give street address)	,,	d. STREET ADDRESS	13	e. IS RESIDENCE
Carroll Manots 4922La	Salle A	5621 Grave	-1	ON A FARM? YES NO
3. NAME OF	Middle		<u> </u>	
DECEASED (Type or print)  ROSE	B	Price 4. DAT	711	Day Yeor /2 196/
5. SEX   6. COLOR OR RACE   7. MARRIED   N	EVER MARRIED	B. DATE OF BIRTH	0011	R 1 YEAR IF UNDER 24 HRS.
Female W. WIDOWED W	DIVORCED [	Oct. 22, 1890	70 7/ yrs. Manths	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF during mast af warking life, even if retired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar foreig	n cauntry) 12. CI	TIZEN OF WHAT COUNTRY?
Veteran's Adminst Vet.	4dm	Wash. D	. C	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	11, 12, 10, 10, 10	
John J. Leni	201	Rose G	-allagher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. 17. IN	NFORMANT	Address	Hogallasull
(Yes, no, or unknown) (If yes, give war or dates of service)	e Si	M. Bernedette	meet 4932	La Selle Es
18. CAUSE OF DEATH [Enter only one cause per line for (o),	, (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	VARY 7	HROMBOSIS	MVOCARDIA	14 ONSET AND DEATH
7220 DUE TO TINES	RCTIO	N		ONE DAY
Canditions, if any, which ) (b)				
gave rise to immediate DUE TO		ภ		.1./
lying cause last.	MATOIL	HRTHRITI	5	4 YEAI
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISI	EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
ATION TO THE PROPERTY OF THE P	GADITE			PERFORMED?
E 20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of injury in Part I ar	Part II af item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OC	CCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (	City or tawn)	(Caunty) (Stote)
Haur o. m. While Nat	t while fa	ctary, street, office bldg., etc.)		
	work	11-2 /	10.205 15	//
21. I certify that (I) (this haspital) attended the	//	100/		(L) (we) last
	2/, and that c	death accurred atM, fro	om the causes and an th	
220. SIGNATURE	MD	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S		22d. ADDRESS		1.00
NAME (Type) THOMAS F. C	OLLIN-	5 322-H. St.	M.E. Wus	of Rico.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	AME OF CEMETERY O	R CREMATORY / 23d. JO	CATION (City, tawn, ar county	) (State)
Burial 6-20-61 a	rlington	national a	rlington,	la.
	DRESS	250. REC'D BY REC	/	SIGNATURE
Jrancis Healling 3821-1.	4 74,811	NW MOSPERATE JUN 2	0 '61 Cirthun	S. Kraus



# please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, Fig. or igs designated agent, prior to burial, cremation, or removal, and in any evert within 72 hours after death.

VS. A15ME SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIST	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	STREET,	BALTIMORE 1	MARYLAND
1131	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF D	DEATH	07123

	o. COUNTY Pri	nce George's	MARYLAND	e. STATE Marv		rince George!		
1	b. CITY OR TOWN (I write RURAL end Hyattsvil	if outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, write RUI			
			in hospital, give street eddress)	d. STREET ADDRESS		I e. IS RESIDENCE		
	1801 Jasm	ine Terrace		1801 Jasmin	e Serrace	YES NO X		
e	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year		
	(Type or print)	Foy	Edwin	Privette	of DEATH June	18 19 61		
	S. SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED 1 8	B. DATE OF BIRTH	9. AGE (In yeers   IF U			
	Male	9.92 9.3	DOWED DIVORCED X	5/5/10	fast birthdey) Mo	nths Days Hours Min.		
3	10a. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stele	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
П	CALESM		AMER. HOME IMP. CO	1	M. CAROLINA	U.S.A		
	13. FATHER'S NAME	7	7	14. MOTHER'S MAIDEN		01311		
	ANDREW FO	Y EDWIN 7	PRIVETTE	ELLE	N REDMAN			
1	15. WAS DECEASED EVI	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	4.11	L MEAD ST.		
	"UNKNOUN"	fyes give wer or deles of service	07.5-0.5-8284 MI	TS IVIADEL T	BR GREENS	Bore, N.C		
	18. CAUSE OF D	EATH [Enter only one caus	e per line for (e), (b), end (c).]		on te and	INTERVAL BETWEEN		
	PART I. DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) FEMOREHAGE and SHOCK						
	913.0	DUE TO	11		1 4 , 1	1		
	Conditions, if any		ACERATION th	IEMAR EMIL	VENCE lett h	and		
	geve rise to immedia (e), steting the ur	DUIT TO						
	cause last.	(c)						
	PART II. OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN I			
	PART II. OTHER  OF UNA  20s. EXTERNAL CA  PRIMARY POR CO  CAUSE OF DEATH.	COROLARY ARTERIOSCIEROSIS! HUPERTROSMY, hezrt: FATTY LIVER YES IN NO						
	20a. EXTERNAL CA	USE WAS   20b.	DESCRIBE HOW INJURY OCCURED. (	inter nature of injury in Pert		76-12   111		
1	PRIMARY OF CO.	NIKIBUTING LI CL	at hand on	Glass				
1	3 20c. TIME OF INJUI	4	20d. INJURY OCCURRED 20e. PLA			(County) (State)		
	Hour e.m.	6-18 19/01	while Not While at work	rory, street, office bldg., etc.	Hystorica	151.6. ma		
	21. I certify th	at I took charge of the	remains described above, he	ld an Autopsy X,	Inspection X. Inquiry X	, and in my opinion		
	death resulted for	rom: Natural causes	Accident X, Suic	ide, Homicide		er		
				CHIEF MEDICAL E	XAMINER [			
	ACTUAL SIGNATURE	lama	1. 15	ASSISTANT MEDI	CAL EXAMINER	DATE SIGNED		
	EXAMINER'S NAME (Type)	James I. Boy	d, M.D.	Address (Street, c	EXAMINER X	6/18/61		
	22e. BURIAL, CREMATIO		22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or o	country) (Stete)		
	BURIAL	16-22-196	1 WASH N	ATL CEM	SUITLAND	MD.		
	23. FUNERAL DIRECTOR	ambers Co	Riverdale	Incl   240. REC	D BY REGISTRAR 246. REGISTR	R'S SIGNIFICURE		
1								

Fillice Leonge a a laur cod ooning alfired)rgi Byrataylla 1801 Jamileo Correct acres and mot follow Sitte Privette June more of Single of the single o 80111 - T-THE WARRENGE THE PROPERTY OF T a Cust harmed a re Blessan The that B. G. Brist James I, Toyd, I, I

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Page b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) . STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES TO NO refaine NAME OF Middle 4. DATE Month Day DECEASED OF (Type or print) LE PEATH age 5 may be refamed 2 with the 72 hours after 196 CVA AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 9. IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthday) WIDOWED DIVORCED "pending" in pencil in Item 18. Give Pages 1, 2, 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page done during most obworking life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detas of service) any 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) **DUE TO** burial removal. Conditions, if any, which geve rise to immediate cause 10 Examiner's DUE TO (a), staling the undarlying SE 20 pesn cause last. cremation. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? seas execute the certificate, writing the word should be forwarded to the Chief Medical E 200 NO should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) factory, street, offica bldg., atc.) Whila Not While 0 Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion agent, Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State 22c. REMOVAL (Spacify) 40 ADDRESS 24a. REC'D 8Y REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME my S. Traces

0.7716

MARYLAND STATE DEPARTMENT OF HEALTH

Min

(State)

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7139 CERTIFICATE OF DEATH

07125

$\rightarrow$											
F	a. COUNTY	0		MARYLAND	o. STATE			lived. If institution		befare adm	issian)
1		George  f outside corporate lim	its write	c. LENGTH OF STAY IN 16	Mary			ince eo	rge	ve negrest to	wn)
	RURAL and give ne	arest town)	iis, wille		The second second			ale linilis, wille k	JAZ GIIG GI	ve mediesi ie	,
-	Chever Ly	AL (If nat in haspital, s	nive street	2He 35 Mi	d. STREET A	Lege .	rark		-44	0 15 5	ESIDENCE
K	OR INSTITUTION						1 10			ON	A FARM?
-		eorge Gener					ord Ras				□ NO-E
3	R. NAME OF DECEASED (Type or print)	Fii	rst	Middle	Reev		4. DATE OF DEATH	June	th	10	Yeor 1961
5	S. SEX	Saby Girl	7 444.00	RIED NEVER MARRIED	8. DATE OF BIRTI			9. AGE (In years	IF UNDER 1		IDER 24 HRS.
	Female	White	WIDOWI		June			last birthday) yrs.		Days H2	
1	during mast af wark	ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU		ACE (Stote		untry)		S.A.	T COUNTRY?
13	None 3. FATHER'S NAME	2	3 13	None	14. MOTHER'S	MAIDEN N	NAME				
1	St. Clair	Reeves			Ed	ith L		Steedly			
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. H	NFORMANT			Addi	ress		
1		If yes, give war or dates of :	service)	None	Mother			Same			
F	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).		1	-			INTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	,	An	nul	eve	de	1		ONSET AN	ND DEATH
	7714	DUE TO					1/				
1	Conditions if any which										
	gove rise to in	gove rise to immediate									
	couse (a), stating tying couse last.	the under-	-1								
0.1	PART II. OTH  PART II. OTH  20a. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY	IER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERM	INAL DISEASE	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
0.00	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in	Part I ar Part	II af item 18.)			<b>4</b>
1	OR CONTRIBUTING	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)									
1	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY	Hame, farm	n, 20f. (City	ar tawn)	(Co	ounty)	(State)
2	20c. TIME OF INJUR Haur a. m. p. m.	19	While at war	Not while fo	ctory, street, office	bldg., etc	:.)				
				ded the deceased fram.				_June_l			
		ed alive an	Iune	10_19_61, and that a	death accurre	d at 12	MADROM 1	the causes an	d an the		
	220. SIGNATURE	1//	1/4		ATTENDIN	G M	ED.	STAFF			22b. DATE SIGNED
	20 PHYSISIAN IIS	110			M.D. PHYS.	DI	RECTOR L	PHYS.	D 3		
	22c. PHYSICIAN'S NAME (Type)	*****			22d. ADDR	_		iversity		log	
	D			reco, M.D.		Н		ille, Md			
2	Burial (Specify)	June 14,		23c. NAME OF CEMETERY C				ION (City, town, or or Va		(S	tate)
2	24. FUNERAL DIRECTOR'			ADDRESS			D BY REGISTS		STRAR'S SIGI	NATURE	
			Hyat	tsville, Md.			JN 1 6 '6		Thun &	traus	
F		3 XV 0									
	~ 1100	3 100									

7, \*\*\* - Little of Type and Days ale the state -

# FOR STATE HEALTH DEPT.

DOTE ULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the kinneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07126 714

•	office the state of the state o	
	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

V -AL	Ttam 1	4 rilm (200)	7/7/67			J W LAL POI ()
1. PLACE OF DEA	TH	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E (Where decessed lived, If		nce before edmission)
	nce George's	MARYLAND	e. STATE	Voule b, cour	ALLY	リメー
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 18		York outside corporate fimits, writ	e RURAL end give	neerest town)
	and give necrest town)					
Cheves	PITAL OR INSTITUTION (if not	in bestitet sive street address)	d. STREET ADDRESS	Heights, Ion	g Island	. IS RESIDENCE
a. NAME OF HOS	SPITAL OK HASTITOTION (IT NOT	in nospilat, give street eddress)	d. STREET ADDRESS			ON A FARM?
Prince	George's Gener	al Hospital	3720 - 8	lst. Street		YES NO
3. NAME OF DECEASED	First	Middle	Losi	4. DATE Mon!	h Day	Year
(Type or print)	Julia	Elizabeth	Regen	DEATH June	30th	. 19 61
5. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		
	100 as 1111	OOWED N DIVORCED	June 30, 1899	last birthday) 62 yrs.	Months Deys	Hours Min.
TON LISUAL OCCUP	, MILLE OR	Ob. KIND OF BUSINESS OR INDUS			1 12 CITIZEN	OF WHAT COUNTRY
done during most of	working life, even if retired)			r loreign country;		
House	wife	Own home	New York		U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
James	Shea		unkr	own		
	EVER IN U.S. ARMED FORCES?		INFORMANT	2410 Vali	ey Way	
No No	(If yes give wer or detes of service		Muriel McGaffi			
	DEATH [Enter only one cause		round rough	2 02010237	The second second	TERVAL BETWEEN
gave rise to imme (e), stating the cause last.	underlying DUE TO	oronary arterial Cardiovascular 1	renal disease			
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	PART 1(a)	PERFORMED?
Z.						YES NO
PART II. OTH	CONTRIBUTING	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert	l or Part II of item 18.)		
20c. TIME OF IN	IJURY Month, Dey, Year		LACE OF INJURY (Home, ferm,	20f. (City or lown)	(County)	(State)
Hour a.m		While Not While	actory, street, office bldg., etc.)	1		
		remains described above,	held an Autonsy 🗍 I	nspection 🔂 Inqui	ry 🛣 and	in my opinion
					-	o in my opinion
death resulted	d from: Natural causes	Accident . Su	icide, Homicide [	, Undetermined n	lanner [	
			CHIEF MEDICAL EX			
ACTUAL SIGNATURE_	Benney 1	1. / Lorga	M.D. ASSISTANT MEDIC	CAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type)	JAMES I. BOX	D. M.D.	DEPUTY MEDICAL Address (Street, cit	EXAMINER	June 30	oth., 1961
22a. BURIAL, CREMAT	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 2	22d. LOCATION (City, lower	, or country)	(Siele)
REMOVAL (Speci		Dina Torm C		uminedale. T.	T West W	
23. FUNERAL DIRECT	7/4/61	Pine Lawn Ceme	240. REC'I	D BY REGISTRAR   246. REC	HSTRAR'S SIGNA	DRE
11/11/0		1 Paran	A 1111	3 '61 4	allows J. Kra	мА
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June 20th., 1	**************************************		42.6	TOT I BEING	
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7141

E.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07127

X.	PLACE OF DEATH O. COUNTY O. STATE O. ST
1	The team MARKAIANT PR. 000.
	b. CITY OR TOWN (Moutside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  OR A THERE  ON A FARM?  YES NO
3, 1	NAME OF First Middle Lost 4. DATE Manth Day Year
	OF THE SEATH JUNE 5 19 6/
5. 5	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years   15 UNDER 1 YEAR IF UNDER 24 HRS.   last birthdoy)   Manths   Doys   Haurs   Min.    WIDOWED   DIVORCED   Feb. 15-1895   Last birthdoy)   Manths   Doys   Haurs   Min.
10a	USUAL OCCUPATION (Give kind of wark dane during more d
13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
L	Thomas Keidy MARY GAVIN
	WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT CATHERINEF, Reidu # 2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: (Prebo 15 cular) accident 5 mo
	Conditions, if any, which gove rise to immediate couse (a), stoling the under.  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoling the under.  DUE TO  The brain.
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \) NO \( \)
CERTIFIC	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED Factory, street, office bldg., etc.)  factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased fram Sept 191950 6/5, 1961, that (I) (we) las saw the deceased alive on June 5 1961, and that death occurred at IPM, from the causes and on the date stated above
	220. SIGNATURE  A.D. ATTENDING MED. STAFF SIGNED  ALO HYS. DIRECTOR PHYS. D
	22c. PHYSICIAN'S NAME (Type) LEO H. MUGMON, MD 2711 GAITHER ST. HICCREA HIGH
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24	FUNGERAL DIRECTOR'S SIGNATURE  ADDRESS
0	Semmon Brys. 1661- Sood Appe Kelse 250. RECD BY REGISTRAK 256, REGISTRAK S SIGNATURE

TO HOPPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within TO FUN VR A15 (4) 1SM 9/S9

MERCELAN PRECE MI COLOR HILLEREST HERTS AMERICA HEATS 2709- GRITTER ST 127-GRITTERST MARRIE J. Reidy A. June 65 TALE WATER TO THE TALL IS HERE AT HETTREE # 5 Gov T. Dest. De Thomas Keidy DIFRY FREIN CATHERINGE Reidy FAME the second of the property of the second of 

STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporele limits, c. CITY OR TOWN þ filled in Pages 1 hours after OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH within carbon SEX NEVER MARRIED 9. AGE (In yeers physician and 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if retired) RETIREI 13. FATHER'S NAME please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror dates of service) NOME unknown certificate has been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO arterios derosis (b) geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY hospital 95 0 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING be detached for OR CONTRIBUTING | CAUSE OF DEATH the may be retained by the DIRECTOR: After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL be retained by 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. 10 -21. 1 certify that (this hospital) attended the deceased from... saw the deceased alive on. 22e. SIGNATURE ATTENDING MED PHYS. DIRECTOR M.D. NERAL 22d DADDRESS 22c. PHYSICIAN'S CEMETERY OR CREMATORY LOCATION 23a. BURIAL, CREMATION, DATE THEREOF 0 25a. REC'D BY REGISTRAR FUNERAL, DIRECTOR'S VR A15 (4)

STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence

(If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE

ON A FARM? YES NO

UNF

19

LIF UNDER 1 YEAR birthday)

Months Days Hours

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

INTERVAL BETWEEN

PERFORMED? NO

(County)

(State)

22b. DATE

(State)

SIGNED 7-2

256. REGISTRAR'S

DATE JUN

15M 9/60

PRINCE SERVE GRAPH EAUREE OWN. 15 3-72 DAVALE PAUR SEE DAINTHIR RICHAI ELISABETH THURAR, DO SINE IT CH Je 2721-1-7 X Etimy Bannay (T ilaineis U.S.T. 1-31754 TAKES IT. KILLING STANE PIANE PARIE MONTH COMMITTER CONTRACTOR STORES Feetler (304) The second of the Evaluation without the second of the second of the 6-17- 61 18-3- 13-17- 67 1 11-11-1 English to the court ENINE PARKETIER, SHOULD STRIKE STRIKE and the second of the second o

ours after death. Page 4

Then please remove carban papers. Pages 1

may retained by the haspital or attending physicion. **D. FUNCAAL DIRECTOR**: After this certificate has been signed by the attending physician and completely filter page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages the Stote Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

TO FUR

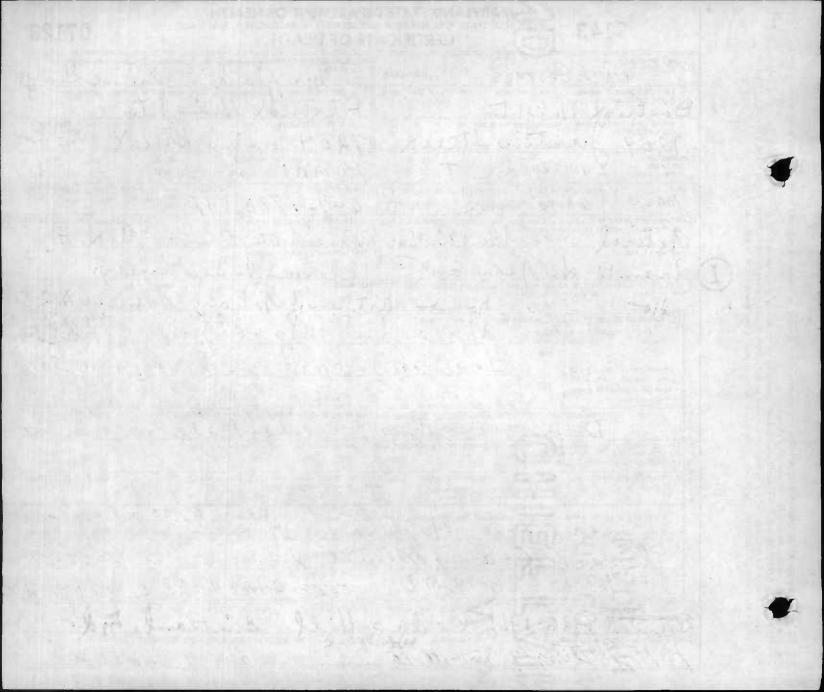
VR A15 (4) 15M 9/59

PATAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07129

Ī	1. PLACE OF DEATH o. COUNTY PINCE Georges  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUN
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITATUIF not in haspital give street address) OR INSTITUTION  1204  1204  1204  1204  1206  13 RESIDENCE ON A FARM? YES   NO
	3. NAME OF DECEASED (Type or print) Last POLICE T Middle POLICE T Middle POLICE DEATH JUNE 22 1961
	5. SEX MALE  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH WIDOWED   DIVORCED   6 - 9 - 1890   9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Land Printing Plant of working life, even if retired)  13. A
1	13. FATHER'S NAME  2 and & Rowan & Place V. Julinger
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)  (If yes, give wer or dates of dervice)  Address  Address  Address  Address
	18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Myocardiel  Marchiae  Marchiae  IMMEDIATE CAUSE (o)
	(conditions if any which) DUE TO STEP A QUITE of a STEP A QUITE OF A PRICE OF
	gove rise to immediate cause (o), stating the <u>under-lying couse lost.</u>   Column   Column
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOW
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II af just 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
	21. 1 certify that (I) (this haspital) attended the deceased fram. 6 - 14 1961, ta 6 - 22, 1%, that (I) (we) last
	saw the deceased alive an 6-20 196, and that death accurred at 12pM, from the causes and an the date stated abave.  220. SIGNATURE  220. DATE 220. DATE 220. PHYS. DIRECTOR
	22c. PHYSICIAN'S NAME (Type) Thomas f. Cleary, M.D. 22d. ADDRESS SILVER HILL RUSS WAShington 28 D
	230. BURIAL, CREMATION (23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. UCCATION (City, town, or Adunty) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS W C 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE UIN 2 6 '61 GOLDEN S TOURS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7144

# **CERTIFICATE OF DEATH**

Reg. Dist. No. 07130

1. PLACE OF DEATH  a. COUNTY  PRINCE GEORGES  MARYLANE	- I william I have storges
b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)  CHEVERY  d. NAME OF HOSPITAL (If not in haspitol, give street oddress)	Riverdale maryland 6
PRINCE GEORGES GENERAL HOSPITAL	d. STREET ADDRESS  ON A FARM? YES NO
3. NAME OF First Middle DECEASED	ROLLMAN  4. DATE OF DEATH  Month Day Year 7, 1961
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  9. ACT (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  last birthday)  4. Wanths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INI dyripg mast of working life, even if retired)	maryland U.S.A.
Susph a. Me Donald	Mury Ellen Hanley.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Ves. no. or unknown] [If yes, give wor or dates of service]  VES.	arthur S. Rollman Some # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Joston - inter	tuial heriocologe Interval BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO  DUE TO  (b)  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)
Y 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. 19 While Nat while at work at wark	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. // alive on	th occurred at 10.2 PM, from the causes and an the date stated abave.  ADDRESS (Street, city ar tawn, state)  M.D. 6607 Riverdale Road, Riverdale xxxx.
PHYSICIAN'S NAME (Type) C. James Duke, M.D.	Riverdale, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY BURUAL (Specify) 6-9-61 Circlingto	n national arlington Virginia
W.W. Chambers Go. Procedule, 400 a	DATE JUN 8 '61 CILLIN S. Kraus

. mir in factoria, been alchary, Tood as a selection C.E. . State and . 3 . 2000. Barigney . Disbravit the control of the co

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within,

VR A15 (4) 15M 9/59

ours after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVI

SION	OF	STATISTICAL	RESEARCH	AND	RECOR	DS —	- BALTIM	OR
		CE	RTIFIC	ATE	OF	DE	ATH	

7145

7145	CERTIFICA	TE OF DEATH		07	131
1. PLACE OF DEATH a COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institu b. COUNT		
9	years	c. CITY OR TOWN (IF out 4 Decatur He	tside corporate limits, write		
d. NAME OF HOSPITAL (If not in hospital, give street addres or institution 1202 111den Road	s)	d. STREET ADDRESS 5202 Tilde	en Rd.		ON A FARM? YES NO T
3. NAME OF First DECEASED (Type or print) Blanche	Middle L.	Sager	4. DATE MO OF DEATH June	onth Day	Year 19 61
s. sex female 6. COLOR OR RACE white widowed 12	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Sept 23, 1870	9. AGE (In years lost birthday) 90 yrs		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  Own	of Business or Indu	USTRY 11. BIRTHPLACE (State o	r fareign cauntry)	12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME Martin Williams		Caroline	Fletcher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIA (Yes, no, or unknown)   (If yes, give wor or dates of service)   none	~	ertrude Bird	Decatur H	eights, N	d.
Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTR	SULLOS IBUTING TO DEATH BU	eleratie T NOT RELATED TO THE TERMIN	hent de	IVEN IN PART 1(a) 15	9. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF-EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURR	ED. (Enter noture of injury in Po	ort I or Port II of item 1B.)		
		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)		(County)	(State)
		death accurred 45	C to June 8		at (I) (we) last stated abave.
22c. PHYSICIANS NAME (Type) DAYTON O W	/ATKIN	M.D. ATTENDING MEI PHYS. DIR	ECTOR STAFF PHYS. C	lis Ri	22b. DATE SIGNED
PEMOVAL (Specify)	NAME OF CEMETERY O		23d. LOCATION (City, town	0	(State)
24. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hyattsvil	le, Md.		BY REGISTRAR 25b. REC	GISTRAR'S SIGNATUR	lE.

HTILGIPE TRIMITED TRATE CHILDWING CONTROL TO a'spreads some. The state of the later of the state of the s engh mad a royar and a secondary With Against all and Louis . P . ability automit a latte on trace ST SEE THE THE STATES FOR THE PROPERTY OF PROPERTY OF SE IN compare parties who remains an about the common against the common ins the contract of the contra

þ Ξ physician remove 9 please attending burial-transit certificate has been prior for After this Health detached retained by DIRECTOR: TO VR A15 (4) 15M 9/60

## ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges County MARYLAND c. CITY OR TOWN the suisida corporata limits, write RURAL and give hearest fown b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO ] Prince Georges General Hospita ] Claveland Avenue DECEASED OF DEATH (Typa or print) 19 Sands Edward COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? County & State, or foreign country dona during most of working life, even if retired) Connecticutt S. A. Retired U. S. Govt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkn own Unknown Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Addrass (Yas, no por unkown) | (Ifyesgivawarordatesofsarvica) Unknown Marie Sands 5402 Cleveland Ave. College Park 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? R-NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) Month, Day, Year factory, streat, office bldg., atc.) Not Whila While

Conditions, if any, which geva risa to immadiata causa (a), stating the undarlying 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY at work at work 1961, to 6/28 1961, that (I) (we) last saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 3503 PENAYST 23d. LOCATION (City, town or county) 23a. (BURIAL) CREMATION, | 23b. (Stata) REMOVAL (Spacify) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE JUL 3

and which seemed to be a subjective to Sales Piot of bango No. . topu . a . Un mronim 10 110 61 6110 15 8 10 person and and 216 17 COR AR COURT ONCE STO CHAIS OF RINICA POL Took of 1961 Francisco Vineral Lander of the State of 

42		MARYI	AND STATE DEP	ARTMENT OF	HEALTH	
7		DIVISION OF STATISTICAL RESEAR	CERTIFICATE		STREET, BALTIMOR	1, MARYLAND
	1 1	ACE OF DEATH	CERTIFICATE		COR OWN I I Count I E I	07133
M		COUNTY		a. STATE	b. COUN	nstitution: Rasidanca bafora admission
VI)		CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give neerest town)
-		write RURAL and give naarast town)	14 days.	D Washin	19 toN21 J.E	, over Hell
15	4	NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva streat address)	d. STREET ADDRESS	and De	a. IS RESIDENCE ON A FARM?
- 9	2	So. Md. Hospital		16510 C.		YES NO
		AME OF First ECEASED  ype or print)  Murtle	Middle	ASS COR	4. DATE Month OF DEATH JUNE	Day Year 29 196/
7	5.	7777	D,	. DATE OF BIRTH	9. AGE (In years)	. 29 1967 IF UNDER 1 YEAR   IF UNDER 24 HRS.
I)		F WIDOWE		3/26/90		Months Days Hours Min.
	10a dor	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
		House wife a	omestic	1	laryland.	u.s. A.
-	13.	ATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME	0
100	15.4	AS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17. I	CATOLIN	e Carrol	<i>X</i> .
	(Ye	no, or unkown (Ifyasgivewarordatasofservice)	SOCIAL SECONTI NO. IV.	10000	S - 4 - 46 - 1	le #9
		8. CAUSE OF DEATH [Enter only ona ceuse per l	ine for (a), (b), end (c).]	ruces s.	same si	INTERVAL SETWEEN
		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	endiac a	nest		ONSET AND DEATH
		420.0 DUE TO	4 4	1.1	1-1-	01
		Conditions, if any, which (b)	cente my	condie	mparchon	1 5 days
		a), stating the underlying DUE TO	Tater aco	T. ble.	ADF	a la barren
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
	ATIC					YES NO
-	CERTIFIC	08. ACCIDENT WAS UNDERLYING   206. DES	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Pert I or Part II of itam 18.)	
_	I CE	F EITHER, NOTIFY MEDICAL EXAMINER)				(0)
	WEDICA	Hour a.m. While	Not While fact	CE OF INJURY (Home, far. ory, street, offica bldg., at		(County) (Stata)
	¥	print, 12	k at work	N/ Q.	10/1/ 10 29 1	19 (e.l. that (I) (we) la
		1. I certify that (I) (this hospital) atten	1.	1 12.	//	and on the date stated above
100		2e. SIGNATURE	le le		1	22b. DATE SIGNE
		a. W. Eldmog	o MD. M	.D. PHYS.	MED. DIRECTOR PHYS.	29 June 61
		2c. PHYSICIAN'S NAME (Typa)	6.00	22d. ADDRESS	M. M.	ARELAND
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, Jow	n or county) (State)
===		MOVAL (Specify) Sulm 1-61	nashato	- notura	Suitla	d, Ind.
0	24	NERAL DIRECTOR'S SENATURE	ADDRESS /	. 0 -	4.4	ISTRAR'S SIGNATURE
N.	1	emmons Bros /	661-91 Hos	be Red & BATE &	UL 3 '61   a	ultur S. Thous
21		1101				

08130 CONTRACTOR OF THE STATE OF THE The same of the same of the same to the COLUMN TO SEE SEE SEE A STATE OF THE STA PER BUILDING Charles I Sunday when the can Cruisian Sine At a dect tragery and support on western being the District A RECEARD BY ELL CLANTER MARSON WA Reduced Society - 27 to the many the Miller of the College of the Miller of The same of the sa

VR A1S (4) 15M 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CEDITIE	CATE	OF	DEA	
CERTIFIC	UAILE	UE:	UEA	

07134

	7148	CERTIFICA	TE OF DEATH	MORE I, MARIEM	0	7134
1.	PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (WE a. STATE		institution: Residence DUNTY Prince	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF of Riverdal			
	d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION  Prince George General	t address)	d. STREET ADDRESS	son Street		e. IS RESIDENCE ON A FARM? YES NO 12
3.	NAME OF First DECEASED (Type or print)Baby Girl SUSAN	Middle	lost  Saville	4. DATE OF DEATH	Month	Day Yeor
S.		RRIED NEVER MARRIED	8. DATE OF BIRTH 6-18-61	9. AGE (In last birt	1	YEAR IF UNDER 24 HRS.
L	D. USUAL OCCUPATION (Give kind af work dane during mast of working life, even if retired)	KIND OF BUSINESS OR INDU	CHEVER	LEY M		NOF WHAT COUNTRY?
	FATHER'S NAME FORKEST K SAVIL WAS DECEASED EVER IN U. S. ARMED FORCES? 11	LE JR S. SOCIAL SECURITY NO. 17. II	14. MOTHER'S MAIDEN NECESTRATE	TH ANN	Address	
	rs, no. or unknown) /// (If yes, give war or dates of service)	NONE FO	RREST K SI	AVILLE JA	7027	MADISON RDALE MD
	1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).	ity 6 mas			ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITE	ON GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item	18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 While of w.	e Nat while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City or town)	(Con	unty) (State)
	21. I certify that (I) (this haspital) attersaw the deceased alive an 6-19-6		/-/		0.	date stated above.
	22c. PHYSICIAN'S	Zelley	M.D. ATTENDING PHYS. DI	ED. STAFF PHYS.		SIGNED
	Dr. G.W. Kell		6124 4	L St. Avenu		ville. Md.
L	Burial, GREMATION, 236, DATE THEREOF  BURIAL (Specify) 6-20-61	197 OLI	IET CEM;	23d. LOCATION (City,	ng Rel	Wash D.C.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS, Reverslel	med - DATE	D BY REGISTRAR 2SI	Circher &	Travelle .

Deal Teach No The State of th the perfect of the same of the state of the same of th BURINUS AND AT YOUR DONNETS OF YELL LANDS TO SEE A PURINUS

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) director. Page or your files. Page a. COUNTY b. COUNTY MARYLAND rines ecere b. CITY OR TOWN (if outside corporets limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If (outside corporata limits, write RURAL and give nearest lown) write BURAL and give marast town) for Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A EARM? YES NO NAME OF Middla DATE Month Day Yanı DECEASED OF (Type or print) DEATH with 8 5. SEX OLOR OR RACE W. MARRIED NEVER MARRIED DATE OF BIRTH AGB (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 with Page 5 may is 1 and 2 will in 72 hours Months Hours WIDO WED L DIVORCED USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done suring most of working life, even if relired) Pages pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME 8. Give form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. permit. (Yes, no or unkown) | (Ifyasgivewarordatesofservica) with 1 "pending" in pencil in Item 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and Office along burial-transit ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDICAL EXAMINER: This certificate should be DUE TO Conditions, if any, which gave rise to immadiate cause Ø DUE TO (a), sleting the undarlying execute the certificate, writing the word "pending to be forwarded to the Chief Medical Examiner" SB cause last. used (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 cremat NO pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO burial, CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) 0 While Not While fectory, street, office bldg., atc.) Hour a.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L and in my opinion agent, death resulted from: Natural causes 1 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL I DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION LOCATION (City, town, or country) REMOVAL (Specify) 40 ö ۵ FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 14b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur S. Kraus

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7150

# **CERTIFICATE OF DEATH**

Reg. Dist. No. 07136

								8		. 60
1. PLACE OF DEATH o. COUNTY	Canada		MARYLAND	O. STAIL		deceased li	b. COUNTY	Residence befo	ere admissio	on)
Prince	(If outside corporate lim	its write	c. LENGTH OF STAY IN 16		rvland	4	HOWard	1 and also see		
RURAL and give		,,	c. terroin of stat living			ue carporon	43	-	arest town)	
Laurel				-a1	urel		13 X	La		
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital,	give street	address)	d. STREET A	ADDRESS				e. IS RESID	DENCE
Laurel	General Hos	di .		Sta	ar Route				YES 🗍	
3. NAME OF DECEASED	Fi	rst	Middle	Los	st 4.	DATE	Month	Do	sy Ye	eor
(Type or print)	Bessie			Scaggs	201	DEATH	Jun	e 20	19	9 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRT	н	9.	AGE (In years IF			24 HRS.
Fema 7	e White	WIDOW	ED [7] DIVORCED	1/16/	/1888		last birthday) M	onths Days	Hours	Min.
The second secon	St. I St. Beats W. St.		KIND OF BUSINESS OR INDU	Silve J., solve V. J.		foreign coun		12. CITIZEN C	DE WHAT (	COUNTRY
during most of wo	orking life, even if retired	4)	~/	2.6			.,,	1	10	1
	serre		Hame		yland			U	21	4
13. FATHER'S NAME	1,1	A		14. MOTHER'S	MAIDEN NAM	Th.	. /			
John	Hen	es		116	w 1	nu	rphy			
15. WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	1		Addgess	-		11
NO OF GREENING	If yes, give war or dates of	service)		Hospi	ith1 Red	cords	/ /		J.	
18. CAUSE OF DE	ATH [Enter only one co	ouse per lie	ne for (a), (b), and (c).]	1. 10	1		1	INT	ERVAL BET	WEEN
PART I. DE	ATH WAS CAUSED BY:	. 1	MACAN	11209	7118	, , 7	1 -	ONS	SET AND	DEATH.
420	DUE TO		The same of the sa	Zucs Z	Maria	1			100	-ug
( ) 201	/	/	The Doring	1.5	7: O	1/	12/11:		121	1
Conditions, if	immediate (		~ muios	acros	16	r-	1. Kers	-   1	100	ym
cause (a), stating	the under- DUE TO		1. 100	_0	-	1	~		- 4	1-
lying cause lost	. ) (	c)(:	Jeuf Ce	ROW	COPE	Wz	our		-04	n
PART II. O	PAR SIGNIFICANT CON	POITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	HE TERMINAL	L DISEASE C	ONDITION GIVEN	IN PART 1(a)	9. WAL AL	UTOPSY
3	. sells		MAK A VIN	nin el	111 (	D.V.	Restrol	MILL		NO IX
200. ACCIDENT W	AS UNDERLYING	20b. DES	RIBE HOW INJURY OCCUPRI	D. (Enter nature o	of injury in Port	I or Part II	of item 18.)	my !		
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	0								
20c. TIME OF INJU				LACE OF INJURY I	Home, form,	20f. (City or	town)	(County)		(State)
Hour o.m.	19	While of wor	Not while	octary, street, affice	e blag., etc.)					
	1 de 1 - 4 de 1 d			1078		100	20/ 1			
1	hat I ottended the	deceas		, 19.37.	., 10	1-40.	, 18/2/_,tl	nat I last so	aw the c	deceased
olive on	101	, 12 (	, and that deat	h occurred at			he couses and		te stoted	d above.
	n 1/11	11			ADO	ORESS (Stree	t, city or town, stat	•)	/ DAT	TE SIGNED
ACTUAL SIGNATURE	K IIII	Na	rhlan	M.D	+14	un	1	6	12:	1/6
	1 1010							/		
PHYSICIAN'S NAME (Type)	John M. W	arren	, M.D. 305 r	ince Geor	rge Stre	eet, I	aurel, M	aryland		
220. BUNIAL, CREMATI	ON, 226. DAYE THERE	7	224 NAME OF CEMETERY	OR CREMATORY	220	d. MOCATIO	N (City, tawn, or c	(ייפעי	(State)	
REMOVAL (Specify	6/23/	61	Emmany	el Con	n . L	Son	- Mary	le	In	-1
23. FANERAL DIRECTO	R'S SIGNATURE		ADDRESS /	16	240. REC'D B'	Y REGISTRAL	ZAD. REGISTRA	R'S SIGNATU	RE	
No ali	TIMA	01	and Land	. I his				ws S. Ha		
recon	runa	ALC	in paris	a la la	DATE JUN	2 7 '61	du	m 2. 100	~~~	

per peroined by the hospital or attending physician.

Fig. RAL DIRECTOR: After this certificate has been signed by the attending physician and completely signal in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

hours ofter death. Page 4

MATERIAL POLICY FOR A CONTROL OF THE PROPERTY OF THE PROPERTY

15M 9/60

DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 07137

1.	PLACE OF DEATH		F7 65 6		2. USUAL RESI	DENCE (Where			sidence before a	dmission)
		Coommon		MARYLAND	e. STATE b. COUNTY					
-	b. CITY OR TOWN (if	outside corporeta lim give neerest town)	its,	c. LENGTH OF STAY IN 16	Mary lar			rince Ge		n)
	Cheverl			1 Day	Hyatts	rille	61			
7			if not in hosp	ital, give street eddress)	d. STREET ADDI		1		e. IS RES	SIDENCE A FARM?
	Prince	Georges Ge	neral	Hospital	3803 P	owhatan	Pond		YES	
3.	NAME OF DECEASED	First		Middle	Lest	4. DATI	E Me	onth	Day Year	
	(Type or print)		liam	H•	Sheckels	DEAT	rh Ju	me l	15 19	61
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In ye last birthda	ars   IF UNDER 1 Y		
	Male	White	WIDOWED		April 30,	1896	65 yrs	1110111110	Bys Hours	Min.
do	e. USUAL OCCUPATION one during most of wor Salesma	king life, even if retire	rd) Flo	ND OF BUSINESS OR INDUST		ngton D			S A	OUNTRY
13	. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME				
	Char	les R She	ckels		Reb	ecca No	rton			
15	. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. S	SOCIAL SECURITY NO.   17.			Add			
1	es, no, or unkown) (If	yes give war or dates of	57	77 07 8824A	Edit	h M She	ckels l	lyattsvi	lle, Mo	i.
			ceuse per li	ne for (a), (b), end (c).]	2)	1	All I I O		INTERVAL BETY	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  CHECKE Pull Checke									
	154X	DUE TO			0	£				
	Conditions, if any,	which ) (b)		( and	Kee	lum	•			
	gava rise to immedie	DITE TO								
11/	(e), steting the un couse lest.	derlying (c)								
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEA	SE CONDITION	GIVEN IN PART 1	(e) 19. WAS AL	UTOPSY
ATI	200								YES T	NO 1
CERTIFICATION	20e. ACCIDENT WA		2Db. DESC	CRIBE HOW INJURY OCCURE	D. (Enter netura of injur	ry in Pert I or Pe	rt II of item 18.)	F-15-14		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJUR Hour e.m. p.m.	RY Month, Day, Ye	While		ACE OF INJURY (Home story, street, office bldg		City or town)	(County	у) (	(Stata)
	21. I certify th	nat (I) (this hospi	tal) attend	led the deceased from	June 14	, 1961,	oJ.une	15, 196.]	_, that (I) (	we) last
	saw the decease	ed alive on Ju	ne 15	19.61 , and the	t death occured	alta Itan, An	om the caus	es and on the	e date stated	above.
	220. SIGNATURE	1			ATTENDING	MED	CTAFF		22b.	DATE
	MOK	1 nellto	0.00	92	ATTENDING PHYS.	MED. DIRECTOR	PHYS. [	Z	6-19	SIGNED
	22c. PHYSICIAN'S	at late			22d. ADDRESS					
	NAME (Type)	r. G. Hage	age M.	D.	3717	- 38th 1	venue,	Cottage	city,	Md.
23	a. BURIAL, CREMATIC	ON, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR ERMANONEX	23d. LC	CATION (City,	, town or county)	(Ste	ete)
	Burial (Specify)	June 19	, 1961	Fort Lincol	n Cemeter	y Co	lmar Ma	nor, Md		1,31
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		REC'D BY REC	GISTRAR 256.	REGISTRAR'S SIG	GNATURE	
	F. Gas	sch's Sons	Hya	ttsville, Md	• DA1	E JUN 2 0	301	0 1 0	v	
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Charles A Sheekels

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T.C. Hammadi .o. . so

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY b. COUNTY director. Page Prince George's Prince George's MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Board of Dead on Rogers Heights Cheverly arrifal

A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO 5306 Hamilton Street Prince George's General Hospital 4. DATE Month DECEASED OF with the (Type or print) DEATH 1967 Edward Short June 6th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 2 with age 5 may 1 and 2 wit 72 hours a last birthday) Months and WIDOWED DIVORCED Feb. Vrs. Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 18. Give Pages 1, form PM3. Pag U.S.A. Construction Laborer pages 1 within Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME it. File pevent James H. Short, Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? Charlotte Mawhinney 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (If yes give wer or detes of service) any Same as #2 Wes 6 weeks yes
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Mrs. James H. Short INTERVAL BETWEEN burial-transit p along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil Office **DUE TO** removal Examiner's ro. (a), steting the underlying as be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? should be ial, cremati writing the word Chief Medical E YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) / 20c. TIME OF INJURY 20f. (City or town) (State) factory, street, office bldg., etc.) forwarded to the CL DIRECTOR: Pag While Not While et work at work prior execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection' Accident V Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER June 6th., 1961 EXAMINER'S, NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR X DENOTORX 22d. LOCATION (City, town, or country) June 8, 1961 George Washington Hyattsville Md. 40 9 ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR DATE JUN 1 2 '61 F. Gasch's Sons VS. AISME Hyattsville Md. Certhur S. Thous SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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#### MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7153 CERTIFICATE OF DEATH 07139

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
a. COUNTY	Maryland Prince Georges
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
write RURAL end give neerest town)	Desirence of 4-6
Cheverly 39 days  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Brentwood  d. STREET ADDRESS  o. IS RESIDENCE
d. NAME OF NOSTITAL OR INSTITUTION (IT not in nospital, give street address)	ON A FARM?
Prince Georges General Hospital	3708 Upshur Street / YES NO X
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Elton Lawson	Sipes OF June 4 1961
	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	12 Nov 1906 54 yrs. Months Days Hours Min.
	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	II. SIKITI EACE (COUNTY & SIGH), OF FOTOIST COUNTY)
Painter House Bldg.	Varanna V.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Homter Sipes	· undriene
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	
(Yes, no, or unkown) (Ifyesgive war or detes of service)	mrs Dorsey W, ans for ly the flow
10 10 10 10 10 10 10 10 10 10 10 10 10 1	MINIETVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINO MATE	) 515   m 0 5
1/5 V DUE TO	
Conditions, if any, which \ (b) Adeno CARCII	vom A OF PANCREAS 3mos
geve rise to immediate cause	
(a), steting the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Huperrensive Can die	VASCULAR DISEASE YES TO 1
	(Enter neture of injury in Pert I or Pert II of item 18.)
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   207. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING   CAUSE OF DEATH   208. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION   208. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTION   208. DESCRIBE HOW INJURY OCCURED ON CONTRIB	
U - Land	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
Hour a.m.  p.m.  19  While Not While at work at work	
	June, 1969 to 6 4 , 1961, that (1) (we) last
	death occured al. 2011 from the causes and on the date stated above.
	death occured at a comparison the causes and on the date stated above.
220. SIGNATURE	ATTENDING _ MED STAFF / / SIGNED
Mirmen Dinol ( ometic "	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 3503 Perry St.,
Dr. N.Comeau, M.D.	Mt.Rainier., Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF SEMETERY	OR CREMATORY 23d. LQCATION (City, town or county) (State)
REMOVAL (Specify)	Par Cemetera Bladenstrusa mil.
10414 6 1-61 1641 Mines	
20 FUNERAL DIRECTOR'S SIGNATURE	250. REC'S BY REGISTRAR 256. REGISTRAR'S SIGNATURE
11-411 (Mamses) (1) 380 Select	all a sept land of the
' www.ci	all, yigh JUN 6 61 Chillian S. Florand

within 24 hours after deam, Tage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe VR A15 (4) 15M 9/60

5 2 24 20 3 11 2 11 24 EN JH CA THE STATE OF THE STATE OF PARTICIPATE Appropriate Land March Street 13 - 1/2 32 Committee Commit b c. Thirties . The second second and the second as the time of the second of the second of the second

#### FOR STATE HEALTH DEPT

LO DENUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. New delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7154 07140

A 1.								0 0	ohn is U	
a. COUNTY	н			2. USUA		E (Where dad	aased lived, If	institution: Raside	nce before ede	nission)
Pre	ince George	ta	MARYLAN			rida	b. COO	41.1		
b. CITY OR TOWN	(if outside corporate limi	its, c.	LENGTH OF STAY IN	1b c. CITY			rata limits, writ	RURAL and give	naarest town)	
All I	d give necrest town)							/ 1	Dr V	-
Cheve:	cly				lland	ale		4	- 6	-
d. NAME OF HOSP	ITAL OR INSTITUTION (	if not in hospitel,	give street eddress)	d. STRE	ET ADDRESS				ON A F	
Prince	George's G	eneral H	iomital	807	NE	2nd	Count		YES N	
NAME OF	First	break a Chie and	Middle	ia	s)	4. DATE	Mont	Day	Year	-
(Type or print)						OF DEATH				
(Type or print)	Elizab	ath		Stahln			June	30th	19 6	
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	IRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEAR		
Female	White	WIDOWED	DIVORCED	Dec. 2	5, 1911		49 yrs.	Months Days	Hours	Min.
	TION (Give kind of work	1 10b, KIND C	OF BUSINESS OR INDU		PLACE (State of			112 CITIZEN	OF WHAT COL	LINITON
e during most of w	orking life, even if retire	d)				or foreign cour	77			DIVIKI
Housew	ife	At	Home	Pe	enna.			U.S	3. A.	
FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME				
Ohand ad.	an Vente			0		14-7-7				
WAS DECEASED EN	er in U.S. ARMED FOR	CEC2   14 50C	TAL SECURITY NO. 1 4		trude					
s, no, or unkown)   (	If yes give were redetes of se	ervice)	INT SECORIT NO. 1	7. INFORMAN	112	l Pey	ton^Ra	ndolph	Dr.	
No	none			Paige 1	. Sta	hlman	Fol	ls Chur	oh W	0
	DEATH Enter only one	cause per line fo	or (e), (b), and (c),}	Large 1	3. U.G	TTT:::CIT	ral		TERVAL BETWE	EEN
	TH WAS CAUSED BY:							Ö	NSET AND DEA	TH
	IMMEDIATE CAUSE (e)_	Corona	ry occlusion	on						
490	DUE TO									
Conditions, if en	y, which ) (b)	Comma	ry artery	disease						
gave rise to immed	1-1-	00204504	3 020029							
(e), stating the a	DI DILIE TO									
cause last.	) (c)									
PART II. OTHE	R SIGNIFICANT CONDIT	TIONS CONTRIBL	UTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE C	ONDITION GIV	EN IN PART 1(e)	19. WAS AUT	OPSY
18 7 90									PERFORM	
									YES NO	E
20a. EXTERNAL C. PRIMARY ☐ or CC		Ob. DESCRIBE HO	OW INJURY OCCURE	D. (Enter nature of	Injury in Part	or Part II of i	tem 18.)	-		,
CAUSE OF DEATH	THE POLITICE LA									
20c. TIME OF INJU	JRY Month, Day, Yas	ac 1 20d INIUE	RY OCCURRED   20e.	PLACE OF INJUR	Y (Home form	; 20f. (City	os towa)	(Country)	10.	10)
Hour e.m.	monin, 507, 100			factory, street, off			or lown)	(County)	(Sta	116)
p.m.	19	at work		10 10						
	hat I took charge o	f the remains	described above	held an Auto	nev 🔲 I	nenection &	T Inquir	. 5	I in mar and	1
			,						in my opin	HOII
death resulted	from: Natural ca	uses X. A	Accident, S	uicide	Homicide	Und	etermined m	anner		-
			1	() CHI	EF MEDICAL EX	CAMINER				
ACTUAL	A.	- 0		2/ 100	ISTANT MEDIC	TAL EVALUET			DATE CICAL	cD.
SIGNATURE	forme	VV	1.104	M.D.			_		DATE SIGNE	10
EXAMINER'S	1		V	DEP	UTY MEDICAL	EXAMINER X		Jime	30th.	19
NAME (Type)	/ JAMES I.	. BOYD,	M.D.	Add	Iress (Streat, ci	ty, town, or co	unty)	o mia	Some?	77
BURIAL, CREMATIC	ON, 226. DATE THERE	OF 22c.	NAME OF CEMETERY				ON (City, town	or country)	(Stete)	
REMOVAL (Specify	1 111 7	10/1/11	11/	St. CAN.		41		4		
wia	DULY O	1941 HO	LLYWOOD MI	CW PUKI			Goomy			
. FUNERAL DIRECTO		2 0.	ADDRESS	01 1	24a. REC'	D BY REGISTRA	R 24b. REG	STRAR'S SIGNAT	URE	
V. W. Chan	noess 6	A. Itin	endale	and	DATE		61	Orthun 8. 1	4	
*		V. VVV	- wall	7/1/16	DATE	JHL 3	61	Linhun J. 7	CLANGE	

Frince Scorpeta decreed Sounding Bec. 18, 1912 Silver . ost Coronary socialism Coronary actions dissole Carry OEL ACUARLY SOM CARBERS HILLY LEGO FLARIDA

1/1	te	ms 18-21 Film 290 MARYLAND STATE DEPARTMENT OF HEALTH				
16		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH				
HEALTH DEPT.	1.	PLACE OF DEATH  1 Them 22 Film G289 6.29 SUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)				
Page liles.		e. GUNTY KIN HEMERICA MARYLAND E. STATE M. COUNTY P. SLED				
% d. #	-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
2 8 3 OV	1	write RURAL end give neerest town) from your Forth				
for y is	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freet address)				
		17804 COLEAVE ON A FARM?				
the runers retained he State E death.	3.	NAME OF First Middle Last 4. DATE Month Day Yeer				
the the		(Type or print) ELIZABETH HELEN STARK DEATH Kime 27 1961				
d 3 to any by with safe	5.	SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (IN YOURS IF UNDER 1 YEAR IF UNDER 24 HRS.				
ma ma 2 v 2 v		F WIDOWED DIVORCED May 10 1905 56 yrs. Months Deys Hours Min.				
afte 2,2,1 3e 5 and 2 2 hc	1De	. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
- 8 0 -	9	tousewife Ame Tudo England USA				
24 houve Page PM3. PM3. Pages within	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
	7	villen Swinburn Christina Dorby				
Yithin form form form form		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unkown) (Ifyesgivewarordalesofservice)				
uted with few 18. with for permit.		mo payce aller the Mangle med				
executed if in them long with ansit per nd in any		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).   INTERVAL BETWEEN ONSETAND DEATH  PART I. DEATH WAS CAUSED BY:				
		IMMEDIATE CAUSE (a) ( MEMONAY CEMENTER CONTROLLED				
0000		9/0, 2 DUE TO Overdose of barbiturates				
should s Offi a buri emovi		Conditions, if eny, which gave rise to immediate cause				
9 5 5		(a), steting the underlying The Town and 181 Represent 1 American Starte 1 The Course last.				
certificate rd "pendin I Examiner se used as	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
0 5 - 5 -	CERTIFICATION	PERFORMED? YES TO NO				
the wor. Medical Should b Should b ial, cremi	댎	20e, EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)				
Me sho	E.	PRIMARY OF CONTRIBUTING - QUULLITY BELLEGATOUR 11 PRINT 1841				
Writing Chief age 3	MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, '20f. (Cily or town) (County) (Stete)				
K > 0 C.	MED	Hour a.m. While Not While p.m. 19 et work at work				
L EX icate, to th prior		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion				
E E B D t		death resulted from: Natural causes , Addent , Sucide , Homicide , Undetermined manner				
MEDIC orward orward DIRE		CHIEF MEDICAL EXAMINER				
Met of It of the standard of t		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED				
LAUTY MEDIC asse execute the ce should be forward FUNERAL DIRE its designated age		EXAMINER'S DAVITANIANTE AND COEPUTY MEDICAL EXAMINER DEPUTY DEPUT				
Dince of the property of the p	224	NAME (Type)  Address (Street, city, lown, or county)  BURIAL, CREMATION, 22b, DATE THEREOF   22c, NAME OF CEMETERY OR CREMATORY   22d, LOCATION (City, lown, or country) (Stete)				
sho sho		REMOVAL (Specify)				
0 g 4 0 p	23	Burial June 21, 1961 Rock Creek Cemetery Washington, D. C. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE				
VS. A15ME 5M 7/59		Deal Fernial Home, 4812 Secrara Roll 11 DATISUN 26'61 circing & thous				
3M 7/37	4	New orineral grame, 101 m proving the 11 1 DAILON IN THOUSE				

A TABLE PROFILE AND AND THE PROPERTY OF THE PR THE RESERVE TO STATE OF THE PARTY OF THE PAR 

### FOR STATE

TO 2. ULT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If 347 delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7156

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
$\mathbb{H}$	CINCA Deo, MARYLAND	e. STATE 6. COUNTY
4	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	write RURAtansi give nearest town)	mark & war
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
)	20-01 Nout 8/2	2 A M / O O C O ON A FARM?
	3. NAME OF First Middle	003/ Cldano St YES NO
	DECEASED A 1	Lest 4. DATE Month Dey Yeer OF
	(Type or print) // A JEC/ STE ISLINGE	DEATH 6 - 24 196/
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.  Last birthday)   Months   Days   House   Min
1	WIDOWED DIVORCED	April 13 1876 55 yrs. Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired)	Read luca
-	13. FATHER'S NAME	14. MOTHER'S MARBEN NAME
	pt-01 in Note	90 100 mindeles
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   17.	NFORMANT Address
1	(Yes, no, or unkown) [(fyesgivewerordetesofservice)	NFORMANT Address
-	mo Bo	oud the me Hyallwall hill
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ď	IMMEDIATE CAUSE (e)	n - Pulnona, elan Coda
	920.0 DUE TO	
1	Conditions, if eny, which ) (b) arterin sal	endes hent diserse
1	geve rise to immediate cause  (a) stating the underlying DUE TO	year
	(a), steting the underlying of the course lest.	issi askin-sales
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BUT A BUT	PERFORMED?
	20%, EXTERNAL CAUSE WAS   20%, DESCRIBE HOW INJURY OCCURED, (E.	nter neture of injury In Pert II of Pert II of item 18.)
	PRIMARY Or CONTRIBUTING	met netate of milety in Pent to prett if of nem 16.)
- 1		
		CE OF INJURY (Home, farm, 20f. (Cily or town) (County) (Stete)
ı	p.m. 19 et work et work	
ı	21. I certify that I took charge of the remains described above, hel	ld an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes X, Accident , Suicident	de , Homicide , Undetermined manner
	1 1 1 5	CHIEF MEDICAL EXAMINER
	SIGNATURE Daft DWallen	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S DAYTON O WATKIN	DEPUTY MEDICAL EXAMINER X  VS Address (Street, city, town, or county)  6-24-6/
-	228. BURHAN, CREMA HOM, 226. DATE THEREOF 226. NAME OF CEMETERY OR	
	REMOVAL (Specify) 6/25/61 Mt. Carmel Co	
-	10/25/01 Mt.Carmel Co	eme tery Pittsburgh Penna
П.	wasn,	D.C. JUN 26'61 Out 9 4
1	The S.H. Hines Co, 2901 14th St. N.W.	DATE DATE

THE RESERVE ASSESSMENT AND THE PROPERTY OF THE EXPRESSION WHEN THE ASSESSMENT AND ASSESSMENT AS A SECTION OF CALLED A PROVIDED LONGED OF the S.H. Wines Mo. 2901 Have be. M. 2 and

## FOR STATE HEALTH DEPT. TO LANTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If July delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

or its designated agent, prior to burial, cremation, or removal, and in any event

VS. AISME SM 9/60

V

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07143

1. PLACE OF DEATH a. COUNTY A/	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
Pr Sio Derein MARYLAND	a. STATE md b. COUNTY P. Sen			
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
Pure RURAL and give nearest town)	Hun Thursle			
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS.   0. IS RESIDENCE			
Teurs Leeland menon al	5300 Homelon ST VES NOW			
3. NAME OF First Middle	Last 4. DATE Month Day Year			
(Type or print) DEBORAH LYNN	UTHARD DEATH June 23 1961			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. A F (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.			
WIDOWED DIVORCED	nov, 5/55) 3 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
chils	Morohington DC USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
EARLEF SUTHARD	U. PGINIA PILKOVTANI			
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyes give war or dates of service)	INFORMANT Address & LX ST			
(103, 110, 01 )	or Fought Herallowelle mid			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surviced	Shock - Sixi mutes			
812 X DUE TO -				
Conditions, if any, which > (b) traveture S	Kull-chusher			
gave rise to immediate cause				
(a), stating the underlying social cause last.	ablow o chest			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUPN  200 EYTERNAL CALISE WAS 200 DESCRIPE HOW INJURY OCCURED.	PERFORMED? YES NO			
PRIMARY OF CONTRIBUTING	(Enter nature of injury in Part I or Part II of item 18.)			
CAUSE OF DEATH.	ras his ay a con			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. Whila Not While at work at work at work	ACE OF INJURY (Home, farm, 20f. /(City or town) (County) (State) ctgry, street, office bldg., etc.)			
19 at work at work of	fuct			
21. Teartify that I took charge of the remains described above, h	eld an Autopsy, Inspection X, Inquiry X, and in my opinion			
death resulted from: Natural causes, Accident Sui	cide, Homicide, Undetermined manner			
CHIEF MEDICAL EXAMINER				
SIGNATURE Day Owalk	ASSISTANT MEDICAL EXAMINER DATE SIGNED			
EXAMINER'S DAYTON OWAT	101 Madres (Street, city, town, or county) 6-24-61			
22a. BURIAL, CREMATION, 22b. BATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) June 26, 1961 Ft Lincoln				
Burial 23, FUNERAL DIRECTOR ADDRESS	Cemetery Colmar Manor Md.			
Gasch's Sons Hyattsville, Md.	JUN 2 8 '61 Ling of thous			
myactsville, Ma.	DATE			

THE RESERVOIR SECTION OF THE PARTY OF THE PA AND THE STREET SEE SEE SEE SHEET SEE STREET SEE SEE The state of the s . The gal Law taken Could by Helphin . STATE OF LET

TO HI PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after the death has be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any execut, within 72 hours after deaph.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEAT a. COUNTY	H		2. USUAL RESIDEN		ived, If institutions Res	sidence before admission)
	Prince Georges	MARYLAND	Ma:	ryland		ice George
b. CITY OR TOWN	(if outside corporate limits, ad give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete lim	its, writa RURAL and	give nearest town)
Cheverly 6 days		4-4 Colm	ar Manor			
	TTAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS	5		a. IS RESIDENCE ON A FARM?
Dui	nce Georges Gene	ral	1,013	Lawrence	St	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE		Dey Yeer
(Type or print)	Gregory	allen	Swiger	DEATH	June 1	12 19 61
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (	In years   IF UNDER 1 Y	
Male	White WIDOW	/ED DIVORCED	11/5/58		THE TOTAL	ays Hours Min.
10e. USUAL OCCUPA	TION (Give kind of work   10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE COL	unty & State, or foreign		EN OF WHAT COUNTRY?
done during most of w	rorking life, even if retired)		Madai	u atras	250	74 8.
13. FATHER'S NAME		0	14. MOTHER'S MAIDEN	N NAME		00.12
Ha	rold, Edmi	ma Devigor	I grand	Mago to	fam 1 mg	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO.   17.	INFORMANT	The state of the	Address &	fore-
(Yes, no, or unkown)	(If yes give wer or dates of service)	1	and & Eds	mend &	114,500	Lother
1 10 CRUSE OF	DEATH (Enter only one cause per	lies for (a) (b) and (a) ]	wood out	1	10	I INTERVAL BETWEEN
	TH WAS CAUSED BY:	r line for (e), (b), and (c).]	Bud	in to	relen	ONSET AND DEATH
1/4	IMMEDIATE CAUSE (a)		Cum	me 10		- reas
1 433	DUE TO		Carl	11.1- 1	nex	
Conditions, if an	1-/		Caro	W U		
gave rise to imme (a), stating the						NAME OF THE OWNER OWNER OF THE OWNER
cause last.	(c)					
Z PART II. OTH	ER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PART 1	1(a) 19. WAS AUTOPSY
ATIO						PERFORMED?
E 20a. ACCIDENT V	WAS UNDERLYING   20b. DI	ESCRIBE HOW INJURY OCCUR	D. (Enter nature of injury in	n Pert I or Part II of item	1B.)	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)					
		I. INJURY OCCURRED   20e, PI	ACE OF INJURY (Homa, fa	rm, 20f. (City or tow)	n) (Count	ty) (State)
20c. TIME OF INJ	Wh	ileNot While fa	ctory, street, office bldg., e			
₹ p.m.	19 at w	ork at work	0.6	0	13-1	/ /
21. I certify	that (I) (this hospital) atte		/ /			that (I) (we) last
saw the decea	ased alive on	4 19 6 , and the	death occured at	7.05 PM the	auses and on th	ne date stated above.
22a. SIGNATURE	1,40	1 -	ATTENDING	MED. STA	FF /	22b. DATE SIGNED
4	un Ver	per-	M.D. PHYS.	DIRECTOR PHY	s. 🗌 💪	115/41
22c. PHYSICAN'	5 7 11-0 11	12,	22d. ADDRESS	5301-Ro	gew Ha	y hes
Name (Typ	of Dr. Juno	Terkins	Horn	illoust.	n	aryland
	TION, 236. DATE THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION	(City, town or county)	(Stata)
REMOVAL (Specifical)	6/16/9/1	Fort L	nooly	- Colma	in Man	or met.
24 FUNERAL DIRECTO	OR'S SIGNATURE	ADDAESS L P	11/1 25a. R	EC'D BY REGISTRAR 2		
mallen	1 Francesal H	Sand D	DATE DATE	JUN 1 9 '61	arthur S.	. Firaus
	1	-				

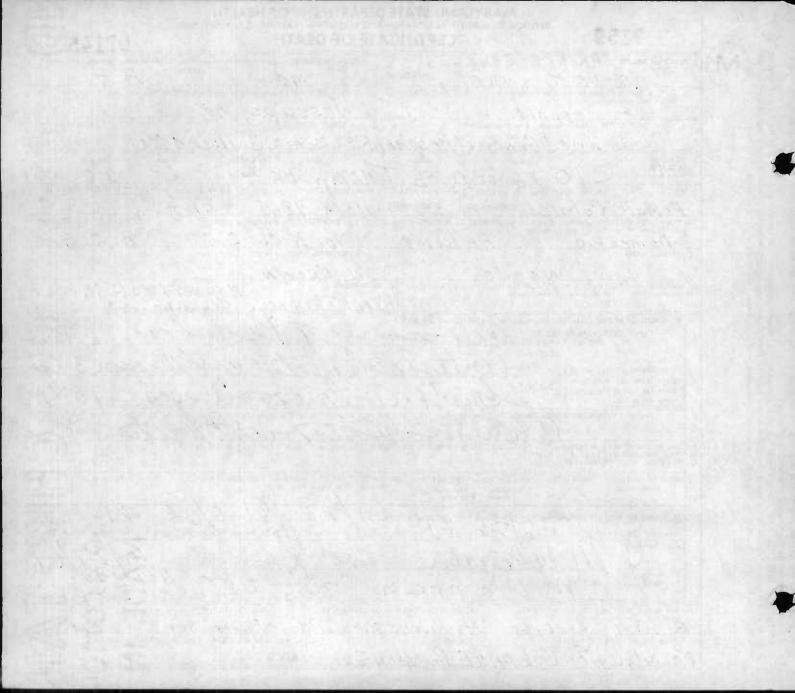
DATE S  urs after death. Page 4 the ottending physician and campletely filled in by the funeral director. Then please remove corban papers. Pages 1 and 2 shauld be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs ofter death. LAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS

VR A1S (4) 1SM 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	(193	CERTIFICA	TE OF DEATH		7145
1.	PLACE OF DEATH PRINCE  o. COUNTY  ANALE PLACE	GEORGES MARYLAND	2. USUAL RESIDENCE (Where dece	eased lived. If institution: Residen b. COUNTY	ce befare admission)
	b. CITY OR TOWN (If authide carporate limits RURAL and give nearest tawn)	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside of	arporate limits, write RURAL and	give nearest lawn)
3	d. NAME OF HOSPITAL (IF not in hospital, give OR INSTITUTION	e street oddress)	d. STREET ADDRESS	ileased Rf.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	en a S. T	Last 4. DA PAMPSON DE	TE Manth	Day Year 26 1961
S.	- 1011	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  11-18-1889	9. AGE (In years last birthdoy) 7/ yrs. IF UNDER Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
100	USUAL OCCUPATION (Give kind of work do during most of warking life, even if retired)     DOMESTIC	The 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or fareign	gn country) 12. CITI	IZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	de de	14. MOTHER'S MAIDEN NAME	W/C: 101	19,777
	WAS DECEASED EVER IN U. S. ARMED FORCES, no, or unknown)  (If yes, give war or dates of ser		NFORMANT LEUS THOMOSON	R32 BOX 821	
Z	PART I. DEATH [Enter anly one couper to the	Corona arterios Gent: a	ry The	C-V. Plisa Chroges	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATIO	(1	THOUS CONTRIBUTING TO DEATH BUT	MUST	Warlo.	PERFORMED? YES NO NO
MEDICAL C	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m.	20d. INJURY OCCURRED 20e. PL. While Not while of work at work	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	(City or town) (	Caunty) (Stote)
	21. I certify that (I) (Hristopial) sow the deceased plive on 220. SIGNATURE  22c. PHYSICAN'S NAME (Type)	176 196 ond that a	death occurred of 1 PM, fr M.D. PHYS. MED. DIRECTOR 22d. ADDRESS	om the causes and on the STAFF PHYS.   Constant of the causes and on the causes and on the causes are causes and constant of the causes are caused by the causes are caused by the cause of the causes are caused by the cause of the causes are caused by the causes are caused by the cause of the causes are caused by the caused by the causes are caused by the caused by	2), that (1) (we) lost e date stated above.  221/ DATE PATE OF CONTROL OF CON
L,	5. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  BUNIAL GRAND G-30-6  FUNERAL DIRECTOR'S SIGNATURE  AUDOLOLUS COLLICA	D /	Mem. PK. B. 250. REC'D BY RE		



# FOR STATE HEALTH DEPT. TO DECEMBER MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. New delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board-of-Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

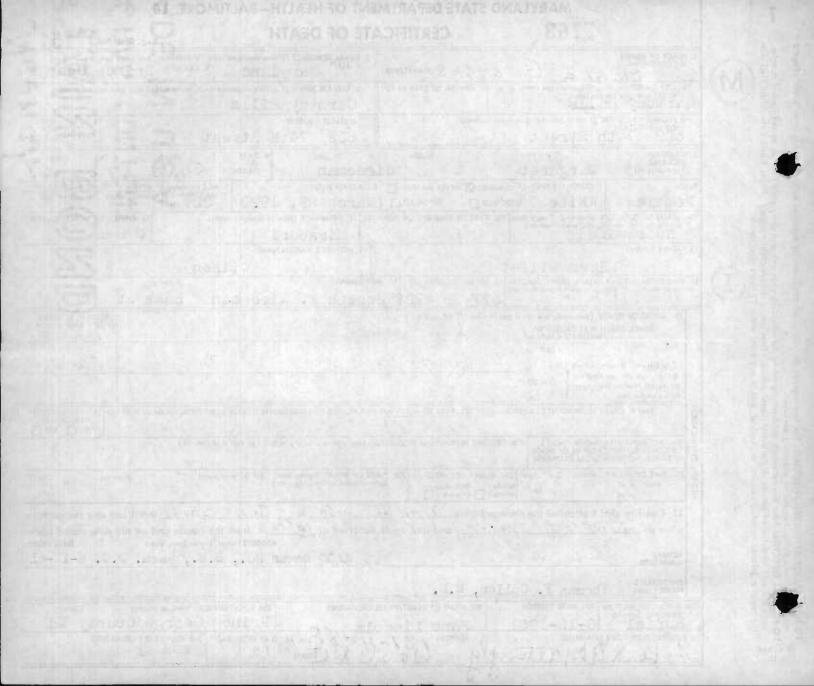
VS. A1SME 5M 7/S9

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7162 MEDICAL EXAMINERS	CERTIFICATE OF DEATH 0/150
1. PLACE OF DEATH.	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission
a. COUNTY	a. STATE MD b. COUNTY D.
b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outsida corporate limits, write RURAL end give neerest town)
white RURAL and give nearest town)	c. CIT OK TOWN (if buisted corporate limits, write kokac end give neerest lown)
Chevery 2017	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM
I rune dunis the Hospital	mutchellocke his YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) CORDOL JAMES	WELLS DEATH JUNE 22 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	1 / C 16 ( 3   last birthdey) Months Deys Hours Min.
WIDOWED DIVORCED	Feb 8 118 0 1/8 415.
10a. USUAL OCCUPATION (Give kind of work done, during most of working Tye, even if retirad)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Student School	Woshington DC USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Warren mills	Jonet Wells
	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivawerordatasofservice)	man a totong of mather
1 B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) June 1000	shock -
8/2X DUE TO 1	2/2//
Conditions, if eny, which (b)	mying of donne moins
geva rise to immadiate cause (a), stating the underlying DUE TO	
causa last. (c) + Chest - &	reezant of heart lings
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
JE STATE OF THE ST	PERFORMED? YES NO
200. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED	(Enter nature of Mjury in Part Lor Part II of item 18.)
PRIMARY SE OF CONTRIBUTING   Front end of C	for fill gerogs could when
- Con Dumpe	ACE OF INJURY (Homa, 19tm, 1 20f. (City or town) (Gounty) (Stete)
Heur a.m. While Not While . o fee	ACE OF INTURY (Home, 16tm, 20f. (Cit or town) (County) (State)
p.m. 6-22-19 6 of work at work	un moralevin Proces
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident Suid	cide, Homicide, Undetermined manner
A , A -	CHIEF MEDICAL EXAMINER
SIGNATURE Day on Walking	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S O TOTAL O LICATION	CDEPUTY MEDICAL EXAMINER
NAME (Type) 1) A YTON OWATK!	Address (Street, city, town, or county)
22a CURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (Cijy, town, or country) (Stete)
6-26-61 6-26-61 Haly ta	mily Woodmare Mill
23. JEUNERAL DIRECTOR ADDRESS A	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
Henry & Washington 4923 De are	DATE JUN 2 7 '61 Callun S. Thous

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
1	7163 CERTIFICATE OF DEATH Reg. Dist.	NO.7151		
h. Page 4	1. PLACE OF DEATH  o. COUNTY—PRINCE GEORGES MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Prin	before admission) ce George		
p 23	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peacest town) Carmody Hills  c. CITY OR TOWN (If outside corporate limits, write RURAL and give Carmody Hills	e nearest town)		
s after y the 2 shou	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 522 74th Street 522 74th Street	e. IS RESIDENCE ON A FARM? YES NO 🏋		
reg in b	3. NAME OF DECEASED First Middle Last 4. DATE Month OF	Doy Yeor		
hin 7 y fills ages	00,772	YEAR IF UNDER 24 HRS.		
s. P	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors lost birthday)   Months   Divorced   March 29, 1929   32 yrs.   Months   March 29, 1929   32	ays Hours Min.		
unted aper aper h.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	EN OF WHAT COUNTRY		
execund cannot death	during most of working life, even if retired) Housewife US	A		
e po	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
sician rs aff	Elmer Willet Wilson			
physic physic hours	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
0 0 2 2	577 38 473\$ Joseph P. Wiedeman Same as	# 2		
death Itendin please within 7	IMMEDIATE CAUSE (o) LYENG CACKEY: a 12 Mone			
the all				
that by the T. The y every				
B DE B gove rise to immediate				
sign sign od in	Couse (o), stoting the under-			
siciar seen ransi I, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	(o) 19. WAS AUTOPSY		
phy phy nas b nava	CAN	PERFORMED?		
Ficate Price or ren	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)			
PHYSIC al ar att his certi use as ematian	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  P. m. 19 Ot work of work	unty) (Stote)		
Spite spite	21. I certify that I attended the deceased fram. MAY 4 , 1960, to JUNE 13, 1961, that I las	et saw the decease		
NDI e ho chec urial	21. I certify that I attended the deceased fram. MAY 4, 1960, to JUNE 12, 1961, that I last alive on JUNE 12, 1961, and the death occurred at 1939 M, fram the causes and an the	date stated above		
deto b	ADDRESS (Street, city or town, state)	DATE SIGNE		
NEC DE LO	SIGNATURE Thomas & Con Mach. D. 4400 Bowen Rd., S.E., Wash. D.	.c. 6-12-61		
TAL O eat Din should strar pr	PHYSICIAN'S Thomas F. Cullen, M.D.			
e 3 regis	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)		
may may FU Page the	Burial 6-15-1961 Fort Lincoln Prince George Co	unty Md		
VS A15 (4) 15M 10/57	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 13/-// DATE 240. REGISTRAR'S SIGN CARLING S. FT.			
	7			



#### by .5 7 hours completely papers. and death certificate be physician remove please attending Then removal, hospital or attending physician. certificate has been signed by the the burial-transit as 0 use prior detached for may be retained by the DIRECTOR: After this plnods page 3 s FUNERAL HO

VR A15 (4)

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7164 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY District of Columbia Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Washington mural) Glenn Dale 8 years. 5 mo. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1002 22nd St..N.W. YES NO Glenn Dale Hospital Middle 4 DATE Month Day Year DECEASED 1961 Charles Williams June (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED [ DIVORCED F Male white Aug. 9, 1895 10a. USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Washington, D.C. U.SZA. electrician contracting 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAMI John Williams Ida Donaldson WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of sarvice) 578-05-8375 Person 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary Tuberculosis, far advanced years DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Broncho pneumonia: chronic pyelonephritis; early cirrhotic changes in the liver; chronic alcoholism PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Hour a.m. While Not While et work | et work | saw the deceased alive on June 3. 19.61... and that death occurred allO.A.M, from the causes and on the date stated above 22e. SIGNATURE SIGNED ATTENDING June 3,1961 DIRECTOR T PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Moe Weiss. M.D. Glenn Dale Hospital, Glenn Dale, Md. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR TOWN OF 23d. LOCATION (City, town or county) (Stete) 6/6/61 Columbia Gardens Arlington Virginia 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE JUN 8 F. Gasch's Sons arthur S. Kraus Hyattsville, Md.

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(argue) Mann Dale 8 years, 5 mo. sandingson

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	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND TE OF DEATH
Decrees Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins a. STATE b. COU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, wr
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	10004 Beand Visto
N. NAME OF DECEASED (Type or print)	Lost 4. DATE OF DEATH

WIDOWED A

10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or forduring most of working life, even if retired)

7. MARRIED NEVER MARRIED

16. SOCIAL SECURITY NO.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D

Not while ot work at work

New

4339 Hunt PL., N.E.

20d. INJURY OCCURRED

While

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Patient fell in the bedroom

and that death

20e. PLACE OF INJURY (Home, form,

foctory, street, affice bldg., etc.)
Home

accurred a

ATTENDING PHYS.

Harmony Mem Park

Washington, D.C.

22d. ADDRESS

2Sa. REC'D BY

DIVORCED |

6. COLOR OR RACE

IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

DUE TO

DUE TO

21. I certify that (1) (this haspital) attended the deceased fram

DATE THEREOF

6-8-61

Manth, Day, Year

WAS DECEASED EVER

Conditions, if any, which

gave rise to immediate

couse (o), stoting the under-

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceased alive an

24. FUNERAL DIRECTOR'S SIGNATURE
Myrtle K. Rollins

lying cause last.

20c. TIME OF INJURY

220. SIGNATURE

23g. BURIAL, CREMATION,

PHYSICIAN'S NAME (Type)

Hour o. m

B. COUNTY Fre C	120. X
corporate limits, write RURAL and give	
- Lanhan	1
2001	e. IS RESIDENCE
a Vista Ave	ON A FARM? YES NO NO
ATE Manth	Day Year
ATH June	1 1961
9. AGE (In years IF UNDER 1 Y Months Do	ear IF UNDER 24 HRS. Hours Min.
ign country) 12. CITIZET	OF WHAT COUNTRY?
I Ca	(0).
1	
Long	
Address	
mcan	
	INTERVAL BETWEEN ONSET AND DEATH
ccident	day
	, /
er-	12/0
	-
	6 1/ms
ISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
or Part II of item 18.)	
0	
. (City or town) (Cou	nty) (State)
anham Pr.Geo	. Md
10 June 1, 196,	that (1) (we) last
ram the causes and an the c	Control of the Contro
	22b. DATE
R PHYS.	6/1/6/SIGNED
to st Lan	Jun, Md.
OCATION (City, town, or county) Huntsville	Md •
REGISTRAR 25b. REGISTRAR'S SIGN	ATURE

07153

(Where deceased lived. If institution: Residence before admission)

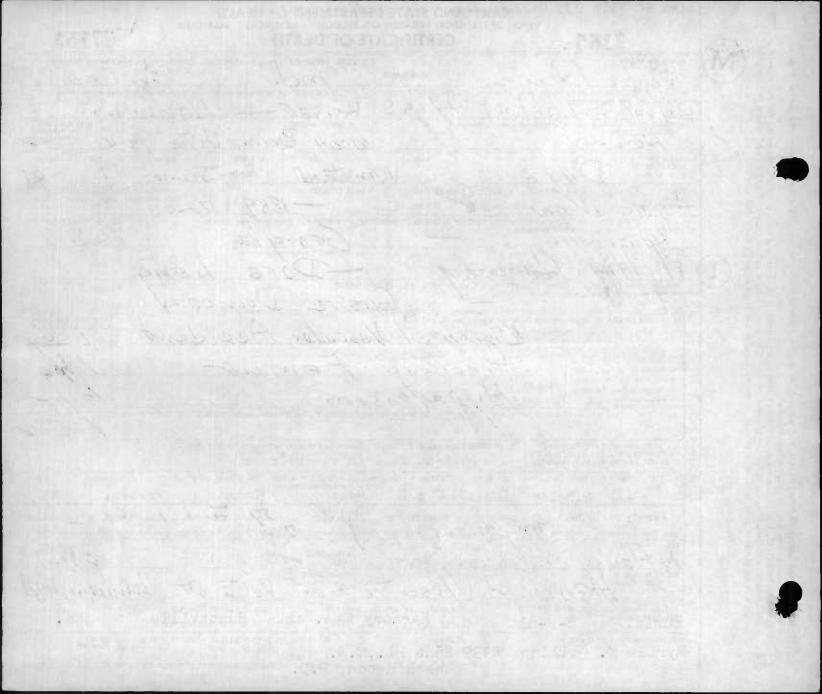
B. DATE OF BIRTH

20V9

MOTHER'S MAIDEN NAME

VR A15 (4) 15M 9/59

MEDICAL



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

TIMORE 1, MARYLAND	OMATI
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VR A1S (4) 1SM 9/59

	7160	5		CERTIFIC	CATE	OF DE	HTA			U	11:	14	
) [	1. PLACE OF DEATH  o. COUNTY  Prince Georges  MARYLAND					2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY West Virginia							
1	b. CITY OR TOWN (If outside corporate limits, write			c. LENGTH OF STAY IN	+1		ITY OR TOWN (If outside corporate limits, write RURAL and give nearest				prest town	1)	
	RURAL and give nearest town) Cheverly			5 Minutes		Wheel	ing			85	x-3		
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET A	DDRESS			()		e. IS RES	IDENCE FARM?	
		Georges Ger	neral	Hospital		18 De	lawar	e Stre	et				NO
1	B. NAME OF DECEASED	Fir	st	Middle	13.1	Last		4. DATE OF	Mon	th	Do	у	Yeor
	(Type or print)	Mar	tha	S.		Worke	naour	DEATH	Jun	ie	15		19 61
1	S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. D.	ATE OF BIRTH	1	9	9. AGE (In years lost birthdoy)	_		_	R 24 HRS.
	Female	White	WIDOWE	D DIVORCED	Ju	ly 15,	1910		50 yrs.	Months	Doys	Hours	Min.
1	Oa. USUAL OCCUPATIO	N (Give kind of work	done 10b. I	KIND OF BUSINESS OR	NDUSTRY			or foreign cou	untry)	12. CI			OUNTRY?
	Retired S	aleslady	D	raperies		Wes	t Va				U	SA	
1	3. FATHER'S NAME				14	. MOTHER'S			. 114		100		-
	Mai	rtin Welto	9		32	Sop	hia F	ockl					
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR				Add				
		no			Agne	es Kyl	e Cap	ital	Heights	, Md	•		
			40	e forg(o), (b), and (c).]	0.00	.8 1			2.1		INT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	11	uluona	29	- GDC	eu	a	ane				
	420.1	DUE TO	7	11.1000	,u	0 )	1 6	中文本	-		1	d	au
	Conditions, if ony, which (b)												
	gove rise to immediate Couse (o), stating the under-												
	lying couse lost.   (c)   (c)												
	PART II. OTH	er significant con	DITIONS <u>C</u>	ONTRIBUTING TO DEATH	BUT NOT	related to	THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PA	RT 1(0) 1	9. WAS PERFO YES	RMED?
	OR CONTRIBUTING	UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (E	nter noture of	f injury in f	ort I or Port	II of item 1B.)				
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye			e. PLACE	OF INJURY (1	tome, farm,	20f. (City	or town)		(County)		(Stote)
	Hour o.m. ∑ p.m.	19	While of work	Not while ot work	rociory,	, street, office	blag., etc.	'		_			
	21 I certify that	(I) (this hasnital	\ attend	ed the deceased fro	am 1	nue	, 19	50 10	pune 13	106	5/ th	at /1\ (	we) last
	saw the decease	Clare of	ue 1			h accurred	1100	/	the causes an				
	220. SIGNATURE -	1,, 19	- 0	ZZZ 17ZZZI. 7 dila III	di dedi		1.			d dir ii	e duic	22	b.DATE
	max	m. He	NO	erf	M.D.	ATTENDING	ME DI	D. RECTOR	STAFF PHYS.	Ju	ne l	5, ]	967ED
1	22c. PHYSICIAN'S NAME (Type)	11 - 100 E	0	0		22d. ADDRE					W	1	
		M. Herzbe	erg			7016	Greig	Stree	t, Seat	Plea	sant	, Md	•
1	23g. BURIAL CREMATION	23b DATE THEREC	)F	23c NAME OF CEMETE Wheeling	RY OR CR				ION (City, town,			(Stol	
Tr	ansportati	REMOVAL (Specify) ansportation 6/16/61 Wheeling						West	Virgini	a.			
2	24. FUNERAL DIRECTOR'S	FUNERAL DIRECTOR'S SIGNATURE ADDRESS					25a. REC'I	BY REGISTR	RAR 25b. REGI	STRAR'S S	IGNATU	RE	
	F. Gasch's	Sons Hy	attsv	ville, Md.			DATE	2.0 '61	Ci.	.1 0	4		

All survices simplified of the many? and the makes the property and the . W. . JE BOOK CARD - JE BOOK ALL WE STORE priority in the same of Chicol Ch. V. Jan. . He made and the manufacture of the case of the case

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY ould be executed within 24 hours after death. Now, delay is necessary, in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit, File pages 1 and 2 with the State Board of Houlth, now, and in any events within 72 hours after death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) ite RURAtiond give nearest town d. NAME OF HOSPITAL OR INSTITUTION (in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 0. WES NO P ova NAME OF Last DATE Year DECEASED OF (Type or print) DEATH 19 COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Hours USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 an done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (Ifyesgivewarordatasofservice) This certificate should be executed 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal. DUE TO Conditions, if eny, which (b) "pending" gava rise to immediate cause ro DUE TO SE (a), stating the underlying Medical Examiner ò couse lest. (c) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 execute the certificate, writing the word NO E plnods 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While prior to at work et work FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion agent, Suicide Undetermined manner death resulted from: Natural causes | L Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should be EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 9989 CEMETERY OR CREMATORY 22a. BURIAL, CREMATION 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 6.17.1961 Cedar Hill Cemetery ₽40 Burial Suitland. Maryland 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S VS. A15ME arthur S. Krous Funeral Home 300.4th st Wash. 6 5M 7/59 DATE JUN

Burton . Deal to English attl Demot-ry & Buttlend. Wary Tond win is to the contract the second attention and

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MARTINE				

7160

DIVISION OF STATISTICAL RI	ESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLANI
7160	CERTIFICATE	OF DEATH		OMER

DM41M

	2100						1
1. PLACE OF DEAT	TH		2. USUAL RESIDEN	CE (Where decease		on: Residence befo	re admission)
Prince (	learges	MARYLANI	e. STATE		b. COUNTY	1 A ~	
b. CITY OR TOWN	(if outside corporate limits and give nearest town)		11000 1 00000		limits, write RURA	end give nearest	town)
Cheverly		17 Hrs	Davidson	ville	0:	2 x - 2.	
d. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS				S RESIDENCE
Prince	Georges Gen	eral Hospital	Patuxent	Manor		YES	□ NO □
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Yeer
(Type or print)	Baby	Boy (B)	Yazek	DEATH	6 June		19 61
. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years   IF UND		DER 24 HRS.
Mala		WIDOWED DIVORCED	6 June 1067		birthday) Month	s Deys Hour	Min.
Male Da. USUAL OCCUPA	TION (Give kind of work		6 June 1961			CITIZEN OF WHA	T COUNTRY
	orking life, even if retired		II. DIKITIPLACE (COU	nry or state, or toreig	in country) 12.	CITIZEN OF WITH	II COUNIKII
None			Maryl		I	J.S.A.	
B. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Anthor	ıy		Helen E, Li	siewski			
. WAS DECEASED E	VER IN U.S. ARMED FOR	CES?   16. SOCIAL SECURITY NO.   12			Address		
es, no, or unkown)	(If yes give wer or detes of se	rvice)	VIJ				
I IB. CAUSE OF	DEATH (Enter only one	ceuse per line for (a), (b), and (c).]	*		- 4	INTERVAL	BETWEEN
	TH WAS CAUSED BY:	0 to 1 to				ONSET AN	
5/2	IMMEDIATE CAUSE (e)_	allelis					
10%	5 DUE TO	1	+ 11	200			
Conditions, if en	(0)_	ymmalu	relay 11	200	17-2		
geve rise to immed (e), steting the	> DIJE TO		1		1-		
cause lest.	(c)	mulTople	Piczn.	11/1/10	(iorn	7	
PART II. OTHI		IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN F		
						YES T	RFORMED?
OD ACCIDENT	MAS (INIDEDLYING III )	ONL DESCRIPT HOW BUILDY O COLU	DEP (F. )	De I I as Dani II af II	10.1	1122	] NO [-]
OR CONTRIBUTING	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER}	2Db. DESCRIBE HOW INJURY OCCU	KED. (Enter nature of injury in	Lett I Ot Lett II of It	em 16.)		
20c. TIME OF INJ	URY Month, Day, Yea	r   20d. INJURY OCCURRED   2De.	PLACE OF INJURY (Home, fare	m, 20f. (City or lo	own) (	County)	(State)
20c. TIME OF INJ Hour e.m.		14 1110	fectory, street, office bldg., etc	:.)			
p.m.	19	et work at work					44
		al) attended the deceased fro					
saw the decea	ased alive on		hat death occured all	:30, 171/m the	causes and c	n the date sta	ated above
22a. SIGNATURE	20 8/ //	/ Man	ATTENDING	11FD 51	- 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		22b. DATE
199	Hauffel	188 ren			TAFF HYS.		6/1×/
22c. PHYSICIAN		0000	22d. ADDRESS	ght -	1		11
NAME (Type	Dr. Bertha	E. Van Gelderen,	M.D. 3001 Che	verly Ave	., Chever	rly, Mary	land
3a. BURIAL, CREMA	TION, 236. DATE THER				N (City, town or co		(State)
Creman on	6-2166		Gen. Hospital	Cheverl	v. Md.		
4 EUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	25e. RE	C'D BY REGISTRAR		R'S SIGNATURE	
(XUI)	- 41 t	20-	UIN	2 6 '61	arthur &		
THE DE		The state of the s	DATE				

Market State of the last AND THE COURSE OF THE MANNEY TO E . IN THE PARTY OF THE PARTY OF ■ 20 k = 20.5 1 15 55 20k comme at more to contribution, or

death. A may be retained by the hospital or attending physician.

Yoursal DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7161 CERTIFICATE OF DEATH

a. COUNTY Prince Georges  MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Prince George General Hispital  3. NAME OF DECEASED  (Type of print)  And OF DECEASED  (Type of print)  Description  And OF DECEASED  PEATH  DECEASED  And OF DECEASED  Description  Descript	e, IS RESIDENCE ON A FARM? YES NO								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give no creat town)  Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Prince George General Hospital  3. NAME OF DECEASED  Devide Sonville  A STREET ADDRESS  Patuxent Manor  OF Deceased  Devide Sonville  A STREET ADDRESS	o, IS RESIDENCE ON A FARM? YES NO								
write RURAL end give neerest town) Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Prince George General Hipspital  3. NAME OF DECEASED  Patuxent Manor Last DATE OF Month Dey	o, IS RESIDENCE ON A FARM? YES NO								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Prince George General Hospital  Paturent Manor  J. DATE Month OF Deceased  A. DATE Month OF OF Deceased	YES NO								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Prince George General Hipspital  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Patuxent Manor  4. DATE OF Month OF	YES NO								
3. NAME OF First Middle Last 4. DATE Month Dey DECEASED OF									
3. NAME OF First Middle Last 4. DATE Month Dey DECEASED OF	Yeer								
(Type or print) Baby Girl Yazek June & 12	19 61								
5. SEX 7   6. COLOR OF RACE   7 MADDIED   NEVED MADDIED   B. DATE OF BIRTH   9. AGE (In yeers   IF UNDER 1 YEAR)	IF UNDER 24 HRS.								
Months Deys	Hours Min.								
widowed divorced June 6, 1961 yrs. 6	F WILL T COLLUTBY?								
Land Later and the Dr.	F WHAT COUNTRY?								
None None None None									
None None Taryl and 14. MOTHER'S MAIDEN NAME									
And bound War all									
Anthony Yazek  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address									
(Yes, no, or unkown) (Ifyes givewer or dates of service) Mother Same									
No									
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  INTI ON	ERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  CLO LOCALES LAS									
7/0 =									
162.5 DUE TO + PRO Grass -									
Conditions, if eny, which gave rise to immediate cause									
(a), steting the underlying DUE TO									
cause lest. (c) Mullipall profit									
The state of the s									
	PERFORMED?								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IS  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH									
OR CONTRIBUTING CAUSE OF DEATH									
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) (County)  While Not While et work at work at work	(Stete)								
Hour e.m. While Not While tactory, street, office bidg., erc.)									
21. I certify that (I) (this hospital) attended the deceased fromJune 6	hat (I) (we) last								
saw the deceased alive on June 12 19.61, and that death occured at the front the causes and on the day	the state of the second								
22a. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED								
M.D. PHYS. DIRECTOR PHYS.	6/12/6/								
22e. PHYSICIAN'S	1 / 201								
NAME (Type Bertha A. Van Geldeven 3001-Chenely Ave Chere	ely 114								
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)								
REMOVAL (Specify)									
Cremation 6-21-61/ Prince Geo Gen. Hospital Cheverly, Md.	TIME								
24 FUNERAY DIRECTOR'S SIGNATURE ADDRESS 250, REGISTRAR 256, REGISTRAR'S SIGNAT	TURE								
DATE UN 26'61 aring 8 trave	A								
11772 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									

Si must grand and service state in better to Van Gelderen Beer Chemity Ar, Ch Greenston -- T-By Wittner Worker. 1991; all flow this carry .. conput, muchierrathr ..

#### MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND

ISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESION	
7168	CERTIFICATE OF DEATH	

7168 CERTIFICATE OF DEATH 07156							
1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution	ns Rasidenca before admission)						
a. COUNTY Prince Georges MARYLAND  a. STATE  MACHINE  MARYLAND	Les						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN, if outside corporate limits, write RURAI	and give naarast town)						
write RURAL and give nearest jown)							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	a. IS RESIDENCE						
no Rt 1 Box 605	ON A FARM?						
3. NAME OF First Middle Last 4. DATE Month	Day Yaar						
(Type or print) / 1. C \ T A A A C T   DEATH T   NO 7	1 1961						
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 MATE OF BITH   9. AGE (In years   IF UND	DER 1 YEAR   IF UNDER 24 HRS.						
WIDOWED N DIVORCED NA 12 7 1877 Set birthday) Wonth	ns Days Hours Min.						
	CITIZEN OF WHAT COUNTRY?						
done during most of working life evan if retirad)	DSA						
13. FATHER'S NAME	0.0,1,						
VCR DANI HARRETTA ALLA HALL							
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	1 1						
(Yes, no, or unkown) (Ifyesgivewarordatesofsocice) None Lengt T. STRAUS	oheek Md						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: Coronary thromhosis	ONSET AND DEATH						
2/21/							
Conditions, if any, which \ (b) General arteriosclerosis	Yrs						
gava rise to Immediate cause	110						
(a), stating the undarlying DUE TO	Yrs						
causa last.    Causa last.   C							
O O O O O O O O O O O O O O O O O O O	PERFORMEDI						
208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	YES NO LE						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PART II. OTHER SIGNIFICANT CONTRIBUTION							
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)						
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town)  Hour a.m. While Not While at work at work at work							
21. I certify that (I) (this hospital) attended the deceased from May 14th, 1957, to June 21st,	19.6.1 that (I) (we) last						
saw the deceased alive on June21.S.t196.1, and that death occurred at 0.: 16.4 h the causes and of	on the date stated above.						
22a SIGNATURE DILL	22b. DATE SIGNED						
ATTENDING X MED. STAFF PHYS. DIRECTOR PHYS.	2101450						
22c. PHYSICIAN'S NAME (Jype)							
Paul Chen. M. D. Accokeek. Md.							
238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or company)	- 0						
CREMATION 6-21-61 Lee Crematory Washington,							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE S. Kraus						
Hort Foresel Home Waldorf, Md DATEJUN 22'61 antim	A. / VANA						

A Overharet PTT 13 of 605 1 TT LUCY Thomas DEGLER JONE 21 - 61 Bonneson Half Marine Q.S.B. (I) YSB RAND HARTS MA AND HALL JUNES LENGRE TSTARUS The state of the s Secondary bearing themselves, D.C. How town those worked , March